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Catalyst in the Community

Report on the regional activities
of the Addiction Research Foundation of Ontario
(April 1, 1975 - March 31, 1976)



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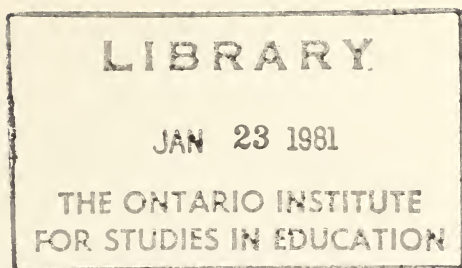


Catalyst in the Community

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3. *Drug Education: Current Issues, Future Directions*, by
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4. *The New Drinkers*, by Reginald G. Smart



Catalyst in the Community

Report on the Regional Activities of the
Addiction Research Foundation of Ontario
(April 1, 1975 – March 31, 1976)



ADDICTION RESEARCH FOUNDATION OF ONTARIO
Toronto, Canada


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Cover illustration: Virginia Dewart

Printed and bound in Canada

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Preface

Why This Report?

Attempting to describe and interpret the work of the Regional Programs Division is an on-going problem—seemingly without resolution. The myriad activities and programs in this division can be recorded and reported in a number of ways. This particular document is one such attempt.

The intention here is to provide readable information as well as some comprehensive listings (e.g. sub-studies, publications, staff, etc.) for people immediately interested in the work of the entire division as well as for those who may be interested in looking back at some future date and reviewing the fiscal year April 1, 1975 to March 31, 1976.

What's Inside

You will find some in-depth summaries of some of the major regional programs following the general review of activities in each ARF region. It is our intention to select different activities each year to include in the in-depth reporting section.

The Appendices contain much detailed information. Of particular interest may be the listing of all regional publications, reports, and sub-studies.

A Year of Radical Change

The fiscal year 1975-76 has been one of great change and difficult decisions. It could well herald this current year and the years to come.

The fiscal year just passed was the year of the "Krever Report." Its various suggestions were intensively studied and recommendations made as a result. It was also a year of budget cut-backs. Regional Programs Division cut its staff by about 30 positions to manage its proportion of the organizational cut-back.

A shift away from direct treatment services continued during 1975-76. Those places where treatment was still carried out were looking at ways and means of transferring more and more of it to their

communities, or were building in a definite demonstration or research aspect.

The provincial government's active involvement in the problem of alcohol and other drug use substantially increased during 1975-76. This has implications for the continuing role of the Addiction Research Foundation.

The Ontario Ministry of Health launched its alcohol public education campaign. The same Ministry provided funds for a number of new detoxication centres in connection with hospitals. The Drug and Alcohol Grant-in-Aid Committee of the Ministry of Health provided \$514,000 for various types of projects in Ontario. Several other ministries of government are involved in studying questions in relation to the alcohol and drug problem.

In the final months of the fiscal year, the Youth Secretariat of the Ontario Government, in collaboration with the Addiction Research Foundation, was carrying out a study of the youth and alcohol problem as requested by the provincial Cabinet.

In August 1975, a report was prepared by the Ministry of Health with major implications for Regional Programs entitled "Report on an Overview Study of the Types of Services Provided for Persons Addicted to Alcohol and Other Drugs."

Along with task forces in the areas of Employee Assistance Programs, Justice, and Education Systems (whose reports appear in a later part of this document), a new regional committee is to be formed to monitor the quality and quantity of research in Regional Programs. This committee will meet for the first time in June 1976.

Co-ordination of Regional Programs

During the past fiscal year, due to some re-thinking of the organization of the regional co-ordination function, a number of the functions associated with regional co-ordination were brought together in a single physical location: the third floor of the "tower" which forms part of the Foundation's headquarters complex in Toronto.

As well as the overall management, direction, and co-ordination functions carried out by the co-ordinator and assistant co-ordinator of Regional Programs, a number of other overall regional functions are here briefly commented on.

The detoxication and rehabilitation co-ordinating staff worked intensively with the large number of detox and halfway houses now existing in Ontario. Their work consisted mainly of training staff and, to some extent, assisting these programs in the setting up of viable programs. They also assisted local regional staff in carrying out work in their area. Of particular importance was improving the interface

between ARF's research division and detox and halfway houses which were carrying out certain documentation functions for research purposes.

The Regional Programs Division also implemented its own professional development activities, both of an internal and external nature. The internal activities included: consulting with staff regarding establishment of staff workshops and conferences; and implementing some overall ARF workshops and conferences, including an ARF staff conference in November 1975, and an education/information workshop in March 1976.

Externally, a three-year project to train alcohol and drug education officers in the Canadian Armed Forces was continued, curriculum development in staff training for institutional and community workers in the Ministry of Correctional Services was launched, a film discussion guide was written and discussion leaders trained for a Catholic Women's League project for all of Ontario, VTR tapes and literature on the handling of intoxicated passengers were developed for CP Air, and assistance in staff training was given to the Salvation Army in the Toronto area.

It is our belief that the ARF Regional Programs review which follows accurately reflects the challenges, and some of the frustrations, of the past fiscal year.

Special thanks are due to the following people: Don Smith for his skillful compilation of the material; Donald M. Smith and Hilary Chick for co-ordinating the report; Barbara Rutledge and Patricia Marigold for editing and proofreading it, and other members of the ARF publications department for their assistance in expediting the project.

Garth Toombs
Co-ordinator of Regional Programs
Addiction Research Foundation of Ontario



CHAPTER 1

Region and Pilot Project Review

EASTERN ONTARIO REGION

Geographically triangular, with a baseline running from Belleville to Cornwall along the north shore of Lake Ontario and the St. Lawrence, a second side running from Cornwall through the city of Ottawa up to Pembroke, and bounded on a third side by a line stretching from Pembroke to Peterborough, the ARF's Eastern Ontario region has features not common to other parts of settled Ontario.

This is an area of farming and tourism, with a low industrial profile. It shares boundaries with the United States and the province of Quebec. Urban centres and their health care facilities are widely separated. As in other provincial localities, ARF is committed to providing addictions expertise to health care professionals in the urban centres of the region and to supplying educational and health care institutions and agencies reaching beyond population clusters with relevant programs.

Kingston

For the past four years, the ARF's *Kingston* centre has administered a highly successful Employee Assistance Program at the Kingston plant of the Aluminum Company of Canada. At ALCAN, all supervisory personnel in the 1,500-man workforce have received the special training sessions associated with this program, designed to assist problem drinkers while they are still employed. Program adoption by ALCAN, and several other important area employers, has led to positive inquiries from other firms located in the area served by the ARF's Kingston centre.

Traditionally, treatment of the alcoholic individual has been a major thrust of programs at the Kingston centre. The Addiction Studies Unit, located within Kingston Psychiatric Hospital, is an in-patient treatment unit specifically designed for the detoxication and treatment of patients with serious alcohol problems. This program and

all the outpatient services are offered within the context of evaluative research studies.

Also in Kingston, the Foundation invests heavily in pharmacological research. Funding has been secured through the federal Non-medical Use of Drugs Directorate for broadly-based epidemiological studies into the development and improvement of treatment services in Frontenac County.

Currently, ARF staff there are assisting with funding efforts on behalf of the halfway house for chronic alcoholics in the city (Fergus Manor) and the detoxication unit located in the Hotel Dieu Hospital. In the case of Fergus Manor, funding will come exclusively from a community campaign directed at local and private donors. Local television programs have provided generous coverage to campaign efforts for the detox unit. It is too early to say whether these campaigns will succeed in meeting their financial objectives.

ARF is deeply involved in assessing therapeutic programs at the Quinte Detention Centre for chemically dependent inmates. As a supplement to existing treatment, an ARF-designed program utilizing psychology students at Queen's University is being considered by corrections officials.

A residential foster home program for young amphetamine abusers—the Community Amphetamine Program—features a high level of ARF involvement, and funding by the Non-Medical Use of Drugs Directorate and the Ontario Ministry of Health. Extensive evaluation of this program for young, homeless “speeders” is planned. The youth and alcohol issue has also received major public attention and many television and radio interviews have focussed on ARF staff.

Staff at ARF Kingston have also played an important consultative role in the establishment of a new “Addictions Counseling” credit course at St. Lawrence College of Applied Arts and Technology. The course is designed for those professionals already working in the field and for those who are planning a career in the helping professions.

Pembroke

In the original plans, Renfrew County was to have one detoxication centre. However, difficulties developed and the original start-up date for the centre has now been delayed until at least April '77. Despite a certain degree of disappointment, the local Detoxication Committee, on which the ARF has representation, has resolved to work towards the new funding date.

Recent activity at ARF's *Pembroke* centre has included wide-ranging consultations with treatment professionals in the public

health, psychiatric, and corrections fields. Canada Manpower in the area has been a prime target for a program, with ARF involvement, designed to encourage that federal agency to develop employment opportunities for handicapped individuals, including those with alcohol and other addictions problems.

Other Pembroke centre involvements include assistance for Native residents of the Golden Lake Reservation seeking funding for a study of alcohol abuse among the Native population there. This has been supplemented by a Life Skills course for Native Peoples sponsored by ARF at the Ottawa Valley Campus of Algonquin College of Applied Arts and Technology. Plans call for this course to be repeated next year.

Peterborough

Support provided by the staff of ARF's *Peterborough* centre to the public meeting on "Youth and Alcohol," part of a series of meetings held across the province under the auspices of MPP Terry Jones and the Ontario Youth Secretariat, paid handsome dividends in terms of media coverage and community involvement. Peterborough student representatives made five recommendations relating to young people and drinking behavior: that educational programs relating to the hazards of excessive alcohol consumption begin in grade 3 and not in grade 9; that the current legal drinking age be raised to 19 and that the effects of an increased drinking age be monitored from year to year; that the penalties for producing false identification for an underage liquor purchase be fully explained; that all penalties relating to underage drinking be made more stringent; and that beverage alcohol advertising be banned.

Ongoing activities at ARF's Peterborough centre over the past year have included moves to establish a community-wide therapeutic group for the alcoholic woman, drawing on the resources of a variety of health and social service agency personnel. A major communication program involving the county health offices in the area is now well established. Based on an assessment of community needs, ARF is providing consultative services to health care professionals in Victoria, Peterborough, Haliburton, and Northumberland Counties through local health unit offices. Unfortunately, an ARF program for chemically dependent residents of the Kawartha Lakes Training School was recently terminated because of continuing uncertainty as to the relevance of the program due to changing conditions within the school.

Belleville

Drunk driving is a high profile issue in *Belleville*, with staff at the

Foundation's centre deeply involved. An ARF staff member serves as chairperson of the ad hoc Belleville Committee on Impaired Driving which has organized a nine-week mandatory education program for convicted impaired drivers. The program is designed to encourage such drivers to examine their lifestyle, with a view to making constructive changes. The ARF staff members at Belleville have also been instrumental in the establishment of a community-operated clinic for alcoholics in Bancroft.

Belleville has identified a community need for a halfway house for convalescent chronic alcoholics and ARF is assisting various groups in their efforts to provide such a facility. Current attention is focussed on modifying an existing, privately operated boarding house into a recovery home, but funding and other complications are making this a prolonged and frustrating exercise. ARF Belleville is also at the forefront of a move to include an alcohol treatment unit among facilities at the Belleville General Hospital, where ARF's Belleville centre offices are located. Plans call for a medical team consisting of a doctor, a para-medical assistant, a nurse, a social worker, and a secretary. All of these functions—in relation to matters relating to alcohol problems—are currently being handled by one individual, a doctor. ARF is also receiving a high level of community support for its efforts to establish a drop-in centre for young people which, as one ARF staff member puts it, is designed to make the term "juvenile delinquency" *passé*.

Ottawa

Employee Assistance Programs are an important feature of ARF's community involvement in *Ottawa*. Commitment falls into two areas: providing direct encouragement to local employers to institute their own "in-house" programs for employed problem drinkers; and wide-ranging consultative services to administrators in Ottawa's federal civil service and civil service employee organizations. For some 20 years the Foundation has had constructive contact with the Public Service Commission, the Department of Public Works, Environment Canada, and other federal offices.

ARF Ottawa continues its work in providing special training and assistance to employees and inmates of provincial correctional institutions in the area under its jurisdiction. Early programs in this area included a training program in addictions problems for correctional officers at the Ottawa-Carleton Regional Detention Centre. Staff at ARF Ottawa are now deeply involved in a program of counseling and assistance to inmates on "temporary absence" permits. The objective of the program is to provide chemically dependent inmates, about to re-enter the community, with knowledge and strategies for dealing

with alcohol and other drug problems so they can attain a permanent and fulfilling re-involvement with community life outside the corrections environment. A book dealing with ARF's work in addictions in the corrections field is expected to be completed this year.

The female alcoholic in the Ottawa area has a high priority for the staff of ARF Ottawa. Currently in a study phase, the program involves data collection on 121 women served by 26 different Ottawa helping agencies. These data are shortly to be reviewed by a community group wishing to establish a detoxication or recovery home tailored specifically for the alcoholic woman. A Women's Caucus on Alcohol and Legal Drugs (Ontario) has also been founded, with ARF involvement. This group has been organizing meetings and representations around the issue of the chemically dependent woman for the benefit of government and community organizations and interested individuals.

Based on the groupwork model, with a socio-behavioral orientation, the Ottawa centre provides treatment programs which are systematically researched on a follow-up basis. While these programs have been implemented for clients with alcohol problems, they have been designed to be transportable to other agencies for clients with other problems.

A community impaired driver program has been launched in Ottawa, largely as a result of urging by ARF staff. To date, the program has involved: discussion of new, more meaningful ways of incorporating instruction on impaired driving into driver education courses; participation by ARF staff on the Impaired Driving Sub-Committee of the ARF Justice task force; and provision of consultative services and special information to other ARF staff in the Eastern Ontario region who are working on the impaired driving problem in their own areas.

Cornwall

In *Cornwall* the ARF staff member carries out a full range of ARF priority activities. Of special interest in the past year was a seminar in Glengary for professional and community people, highlighting alcohol and drug concerns and what can be done about them. Consultations were held with the Catholic Women's League, Eastern Ontario Recovery Homes Association, hospitals, schools, the St. Regis' Reserve, and other agencies. The local inter-agency councils are encouraged to play an active role in addictions concerns. A committee to establish a detoxication program is active and is also exploring the establishment of a recovery home for alcoholics in the vicinity.



LAKE ERIE REGION

The jurisdiction of ARF's Lake Erie region is roughly delineated by the curved shoreline of Lake Erie, running from Long Point to Point Pelee. Inland, the activities of this region embrace the counties of Elgin, Middlesex, Oxford, Huron, and Perth, with most of the regional programs in this area being co-ordinated out of a central office in London, Ontario.

The character of ARF's activities in the Lake Erie region differs from that of most of the Foundation's other regional operations. Because of its historical interest in research and because of close ties with the University of Western Ontario, also located in London, programs in the Lake Erie region feature a high level of research content. There has been a recent transition from broad-ranging community activity to fewer and more carefully planned programs by the Community Development and Education (CDE) staff. This shift of orientation is viewed as a means of realistically achieving ARF functional and program objectives for the next five years. Over the past year, at least 45% of CDE staff time was spent on formally structured programs with clearly delineated evaluation components. The balance of staff time was devoted to the development of new programs and on continuing involvement with selected community development activities.

Focussing public attention on alcohol and other drug-related problems through involvement of the media was a high priority activity in the Lake Erie region over the past fiscal year. This thrust resulted in the production of a series of 30-second television spots on issues relating to chemical dependence. The advertisements were produced by ARF regional staff and will be shown on local television for a six-month period. The impact on public attitudes of this television advertising campaign will be assessed.

In a related program, senior members of the print medium are being contacted by regional staff with a view to encouraging increased public support for alcohol control measures and a greater awareness of the adverse impact of continued liberalization of liquor legislation.

In Oxford County, ARF regional staff are assembling a coalition of key health and social welfare officials with a view to promoting awareness of practical prevention measures. The eventual goal here is the development of county programs consistent with province-wide alcohol control measures.

In the employee assistance programs area, the staff of the region is involved in an effort to assess the efficacy of educational programs for the supervisory staff of a number of local firms. The study involves two experimental and two control industries. The hypothesis being tested is that industries with trained supervisors and formal employee

assistance programs will experience fewer alcohol-related industrial problems—such as absenteeism and accidents on the job—than firms without such programs' policies and trained supervisory personnel. Currently, this experimental program is in the intervention phase, with an active educational program underway in the experimental industries. The results of the experiment will be widely publicized.

The Lake Erie region is also carrying out an extensive survey of the area's per capita level of alcohol consumption. Data from this survey will be compared with consumption data from other areas and their alcohol-related health and social problems. The purpose of the survey is to obtain an accurate measure of the region's need for alcohol-related treatment facilities and related services.

Investigations related to the alcohol consumption survey include those concerning the establishment of a regional treatment centre for employed problem drinkers. ARF staff in the region are working closely with a local six-industry consortium which is interested in providing such a facility. Survey results will reflect on the prevalence of adverse drinking behaviors among employed persons in the region, as well as providing data on other social consequences of high levels of per capita alcohol consumption.

Although community development activities have been played down in the region over the past year, Lake Erie ARF staff has maintained contact with community decision-makers in 14 different community organizations. Educational programs for health care professionals in other agencies continue to be supplied by regional staff, and Lake Erie region personnel have been active on ARF regional task force committees. The detoxication unit in London continues to attract a large number of clients. Occupancy rates are the highest in the province with the one exception of Kenora. The newly formed Thames Valley District Health Council has expressed a desire for a close liaison with ARF staff in relation to matters pertaining to substance abuse.

In short, as far as community development activity in Lake Erie region is concerned, the August 1975 policy decision to reduce ARF treatment services to a bare minimum has resulted in efforts by ARF staff to enlist and train volunteer workers to assist with important treatment matters. This thrust has been generally successful, with large numbers of volunteers expressing an interest in helping with addiction problems and receiving ARF training.

In addition to the high research content in community development programs in the Lake Erie region, activities in this jurisdiction have traditionally included those which can be described as either exploratory or analytical research. Out of this effort, a number of ARF sub-studies and professional journal articles have emerged, the find-

ings of which can be briefly summarized here.

A series of papers and studies by Dr Paul C. Whitehead, a member of the University of Western Ontario's sociology department who is cross-appointed to ARF's Lake Erie region staff, has elicited the following conclusions:

1. No program designed to reduce substance abuse is effective unless it succeeds in reducing general per capital levels of consumption of the substance in question. (From "An Epidemiological Description of the Development of Drug Dependence: Environmental Factors and Prevention.")
2. Use of acupuncture in the management of (drug, and alcohol) withdrawal symptoms is insufficiently reported as to constitute an adequate clinical trial. (From "Acupuncture in the Treatment of Addiction: A Review and Analysis.")
3. An effective social policy for reducing collisions due to alcohol and drugs among young drivers would be one that combines these two types of measures: those that are aimed at all persons who drive while impaired and those that take advantage of particular factors associated with young people. (From: "Young Drivers' Involvement in Traffic Accidents with Specific Relation to Alcohol and Other Drugs," Paul C. Whitehead, Roberta Ferrance.)

This review represents only an impressionistic selection of research activities underway in the ARF's Lake Erie region. Many other papers have been prepared and published on a very wide range of issues relating to chemical dependence.



LAKE ST. CLAIR REGION

The area fringing on Lake St. Clair will strike a sympathetic chord in anyone who grew up on the Canadian prairies. It's flat, incorporating some of the most fertile farmland to be found anywhere. And, perhaps more than any other part of Ontario, it is subject to U.S. culture and lifestyle. The automotive plants of Windsor and Detroit are separated only by the Detroit River spanned by the Ambassador Bridge. Sarnia's "Chemical Valley," home of Ontario's petroleum processing industries, is separated from Michigan's once-elegant Port Huron resort centre by a thin ribbon of canal. Inland, the city of Chatham in Kent County has turned marshland reclamation into a science, creating well-irrigated fields for tomato and cabbage crops.

Action on a proposed Drinking While Impaired Program for the Lake St. Clair region has had to be postponed, but as staff resources become available, a major project in the DWI area is to be developed. ARF staff are collecting data relating the incidence of alcohol involvement in automobile collisions and fatalities in the region.

Regional staff have put together an educational package for health care and inter-agency professional staff called the "Agency-Medical Worker Educational Program." The target audience includes public health, mental health, and medical health workers. While the value of this program has been recognized by many agencies in the area, a need has been identified for custom tailoring of some program components to fit the specific needs of different professional client groups.

The Lake St. Clair region has also initiated an alcohol and other drug-related information publication of its own. Called *Insight*, the booklet is being mailed to target groups throughout the area. After format changes have been made, a thorough evaluation of this community education effort is planned.

Of major importance is the region's continuing collaboration with the Windsor Western Hospital. The ARF regional director continues to direct the Connaught day care program for alcoholics at this hospital. Continuing consultation is maintained with the hospital's methadone clinic.

Continuing priority is given to the development of an effective treatment network, in which, at the present time, ARF plays a key role. Ongoing contacts are maintained with the media and regional staff respond to many requests for educational seminars in the community and with the school systems.

A board of trustees, comprised of key citizens in the region, advise and oversee ARF's work in the Lake St. Clair region.

Within the Lake St. Clair region, the ARF operates centre offices in Windsor, Chatham, and Sarnia.

Windsor

Windsor activities naturally reflect a heavy emphasis on employee assistance programs. Recent activities in relation to programs for employed problem drinkers in the area include ARF-sponsored presentations to supervisory staff at Chrysler Corporation, Hiram Walker Company, and to employees of the city of Windsor's Parks Department. Contacts at Chrysler Corporation have included consultations with officials of local 444 of the United Autoworkers union.

Other community development activities in Lake St. Clair include a high level of ARF involvement in the "Turning-Point 24-Hour Personal Help Service" in Windsor. The ARF role here is in the provision of a professional backup team to assist volunteers dealing with individuals involved in alcohol or other drug-related crises. As well, Foundation staff in the area are exploring the need and feasibility of establishing a service similar to "Turning-Point" in other areas in the region.

Chatham

In the *Chatham* and Kent County area of the region, a County Industrial Advisory Group has been formed in relation to EAP development there. Representation on this body includes ARF staff and officials from the Kent County Board of Education, Canadian Farm, International Harvester, Libby McNeil & Libby, Motor Wheel, R. J. Simpson's, and Union Gas. The Sarnia and Lambton County area of the region has had major involvement by way of supervisory and union leadership training and direct treatment services for referred employees with Dow Chemical Ltd., Polysar, Holmes Foundry, and other employers.

ARF St. Clair staff have been directly involved in the funding problems now being encountered by the Long-Term Residential Home for Disabled Alcoholics in Chatham. Discussions have been held with the Members of Parliament for Kent and Elgin Counties in relation to the need for government support for this facility. Some local firms in the Chatham area (e.g. Union Gas) have made generous contributions towards operating costs, and the hiring of needed additional staff. ARF is monitoring programs ongoing at this specialized long-term residence.

A co-operative venture between ARF and the Kent County Public School Board was initiated in 1975 for the purpose of evaluating the

health curriculum of that board. Results from the Grade 9 pre-test will determine whether or not this evaluation project will be continued at the Grade 5 and 12 levels.

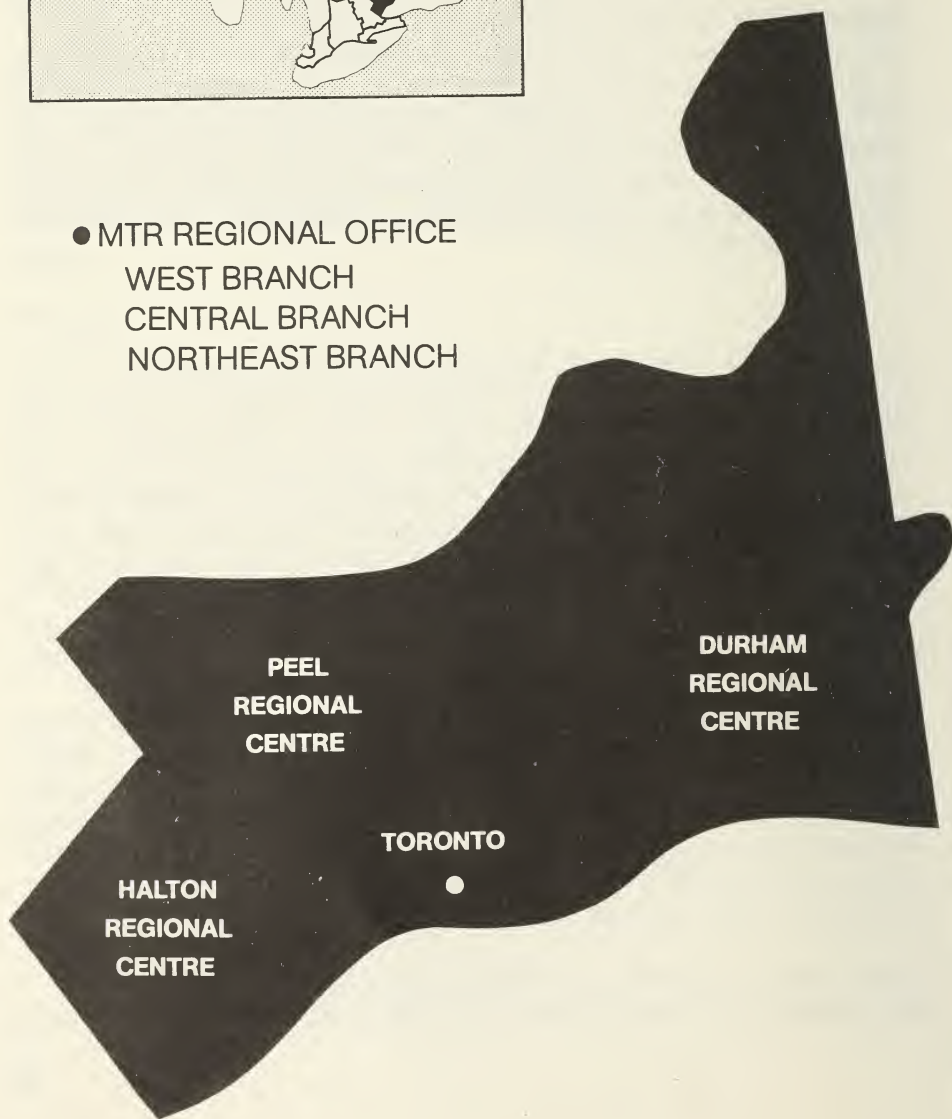
Sarnia

In *Sarnia*, ARF staff have been providing training sessions for personnel and members of the Board and Advisory Committee to Sarnia & Lambton Detoxication & Half-Way House, Inc. The sessions were concerned primarily with the philosophy of alcoholism treatment. Communication links have been opened with ARF's research division in Toronto regarding evaluation of the programs underway at this Sarnia facility. An ARF staff member sits on the board of directors as well as being actively involved with the Advisory Committee.

A major element of necessity in the Sarnia program has been the outpatient treatment of alcoholics. Other community services have been unwilling or unable to take on this task. In 1975, 124 patients were treated. There were 179 other education and community development contacts with groups ranging from various service clubs to a wide variety of social and justice groups.



- MTR REGIONAL OFFICE
WEST BRANCH
CENTRAL BRANCH
NORTHEAST BRANCH



METROPOLITAN TORONTO REGION

As is true of most large North American urban centres today, Metropolitan Toronto is structured rather like an onion. To get to the downtown core, one must penetrate the layers of outer and inner suburbia. The city itself, and its metropolitan outgrowths, are complex and cosmopolitan. As an agglomeration of peoples requiring health care services, it defies a standard approach.

All of the things that are true about the Metropolitan Toronto region as a physical entity apply with even greater intensity to that part of ARF's regional programs operations known as "The Metropolitan Toronto Region" or, in staff parlance, "MTR." The MTR reaches even beyond the boundaries of Metropolitan Toronto to embrace the adjacent "urban" counties of Durham, Halton, and Peel. The challenge to ARF administratively is as if the Metro Toronto School Board attempted to operate the rural schools of north Peel County as well as those located in the urban thicknesses of the city core — something which it does not do.

Probably the best way to comprehend the MTR is to start from the outside with the semi-rural jurisdictions and move gradually inwards towards the city core.

Durham Region

Administratively, this MTR region operates out of offices in Oshawa. Both Family Counseling and Driving While Impaired programs have been highlights of recent ARF activities in this region. The Durham region staff have been working closely with area families who have been affected by chemical dependency problems. This thrust has focussed particularly on young people in such families and ARF staff have been working through the local school system to reach young people from families experiencing alcohol and other dependency problems. They have been receiving backup from local family counseling professionals and have been applying pressure through community awareness programs to inform the community of the importance of work in this area in view of the ever-increasing alcoholism rates. The ARF program involves early problem identification and ongoing assessment of program progress.

Oshawa's Driving While Impaired program, established by ARF initiative, is a community-based concept involving local police, automobile and other insurance representatives, Alcoholics Anonymous, probation officials, the Pinewood Alcoholism Clinic, Whitby Psychiatric Hospital, the Ontario Ministry of Transportation and Communications, and a local magistrate. A 10-session educational program, mandatory for impaired drivers convicted a second time, was patterned on

a similar Edmonton program. To date, 100 individuals have passed through the DWI program and about 60% of these have been diagnosed as alcoholics.

A recent development in ARF Durham's involvement in programs for employed problem drinkers is the placement of a program with the Durham board of education. Under the policy there, the ARF will provide the board with an educational program dealing with the hazards of excessive use of alcohol and other drugs. An unusual feature is the provision for employees who themselves believe they have a drinking problem. Such employees may voluntarily apply to the board's personnel office for assistance and receive all of the health and sick leave benefits to which they are entitled if a diagnosis proves positive. The program at the Durham board of education is low on cost and high on social and financial returns.

Other recent and developing ARF concerns in the Durham region include facilities for young people with alcohol problems and programs for the female alcoholic. The ARF works closely with the Oshawa Youth Bureau to provide backup counseling and assistance in alcohol-related situations involving young people. ARF is also continuing to be involved with "56 Colborne," a residence for emotionally disturbed teenagers. In operation for five years and initially a facility for drug-abusing youth, the emphasis at 56 Colborne has changed to alcohol in recent months. It is a facility heavily used by the cities' young people and is probably the only effective alcohol education centre in the area. School teachers are not provided with enough training to assist young people with alcohol problems, although ARF staff are working on this problem through a project called "Early Identification and Intervention." It involves students at two schools and the training of a task force of professional guidance counselors. ARF is playing a consultative and informational role in relation to this project.

ARF Durham achieves a large measure of impact on the health care community through its membership in the Durham region Mental Health Association. In this organization, ARF affects the shape and thrust of community mental health programs in the area and provides specialized training and information.

Halton Region

Community contacts in the Halton region west of Toronto by ARF staff have revolved around the issues of youth and drugs, recovery home facilities and programs, and contact with the educational system in the area regarding implementation of alcohol education programs as a formal part of the health and guidance curriculum.

A number of projects are featured in the area of education and information programs. These include ARF involvement in the formation of a Halton region Volunteer Speaker's Bureau which will supply well-informed speakers on alcohol and other drug issues to interested community groups. Another ARF project—Regional Youth Services—includes ARF participation in the Life Skills course offered at Sheridan College of Applied Arts and Technology, the formation of a Youth Services Network, and ARF backup for the North Halton Private Home Placement Service, designed for young people estranged from their families. ARF also serves as a liaison mechanism in relation to the operations of the Halton Region Human Services Council which features a heavy representation of community, regional, and provincial health and social welfare officials. Many other ongoing regional health programs include ARF active and advisory involvement.

Recent ARF work on behalf of programs for employed problem drinkers in the Halton area includes meeting with management and union representatives at H. K. Porter Limited and Rockwell International and with officials at the Halton region board of education. In the corrections field, ARF staff have been meeting with representatives from the new Maplehurst Correctional Centre to explore the possibility of providing addictions training courses for correctional staff. Meetings have also been held with local judges in regard to the provision of specialized data on chemical dependence to be used as part of the assessment procedure involved in the pre-sentence reports all justices must file in relation to convictions.

ARF Halton is also involved in an addictions treatment program for the region known as ADAPT — Alcoholism & Drug Addiction Program Treatment. The project has several components: planning (meetings with hospital administrators, local politicians, and Ontario Ministry of Health officials); co-ordination (involving weekly case conferences with public health nurses, the Children's Aid, and family physicians); demonstration service (group therapy sessions for clients); and data collection in regard to the effectiveness of the treatment service. It currently operates out of Joseph Brant Hospital and expansion of the program is planned to cover the entire region.

Peel Region

Geographically, ARF's Peel region, immediately to the west of Metropolitan Toronto, is a long, narrow jurisdiction similar in configuration to the farms in Quebec fringing the north shore of the St. Lawrence River which were shaped by the old seigneurial system of land division. The Peel region stretches from a narrow apex at Port Credit and

broadens out as it moves northwest through Mississauga, reaching as far to the north as Orangeville.

Public education is a high priority for the staff of ARF Peel. Strategies to date for fulfilling this objective have involved extensive use of local media. A series of articles in local weekly newspapers titled "You Asked" attempt to answer community questions concerning alcohol, other drugs, and behavioral problems. As well, there has been a high level of activity with local radio stations and cable television outlets. Other components of this communication thrust include the "Alcohol Information Week," held at Sheridan College of Applied Arts and Technology. Speakers at this event included ARF staff, representatives from Alcoholics Anonymous, local police, and MPP Terry Jones who was responsible for the Youth and Alcohol Report presented to the Ontario Cabinet on April 1. The information week was extensively covered by the *Mississauga News*, which termed it "the first program of its kind offered at an Ontario college or university.

ARF Peel has experienced high level involvement in recent months with both the family and juvenile courts in the region, mainly in relation to cases involving young people, drugs, and alcohol. Activity has centred on cases relating to the Girl's Detention and Assessment Centre and on peace bond and separation claims involving alcohol or other drug situations brought before the Family Court. ARF representatives have been asked to guide a management team which has been charged with implementing programs in relation to court needs for personal assessment and short-term treatment programs. Specifically, ARF has been asked to examine the possibility of reducing piecemeal assessments of young people involved in legal problems related to alcohol or drug abuse; the use of volunteers to reduce the loneliness and other anxieties of young people involved with the law for the first time; the development of a youth counseling program for young people with a dependency component; and other program features.

Recent employee assistance program thrusts in the Peel region include discussions with the Ford Motor Company in Bramalea directed towards the implementation by that firm of a program for employees with alcohol problems. Attempts to incorporate alcohol programs in the Peel board of education's curriculum have been geared to the differing goals and needs of the various schools in the system. For example, the Chinguacousy Senior Public School has as its objective increasing service to students by increasing the alcohol and drug instructional units in guidance programs and by up-grading the drug and alcohol knowledge of guidance instructors. At Westwood Secondary School, ARF has gained credibility by holding demonstration treatment sessions, by conducting a survey of Grade 9 drug use,

and by training teachers to conduct their own alcohol and other drug-related instructional programs.

Development of a detoxication facility in co-operation with the staff of Peel Memorial Hospital is in its initial stages. The reason for providing the unit relates to pressure on the hospital medical staff to quickly release patients with alcohol problems. Work is now underway, with ARF involvement, to provide an alternative treatment facility for residents of the area with acute alcohol problems.

Northeast Branch

Highlights of recent activity in this branch office of the MTR relate to many different issues in the field of chemical dependence. Not all can be covered in this brief review.

ARF staff has assisted in the formation of a Scarborough Detox Committee which has as its goal the establishment of a detoxication facility in that borough of Metropolitan Toronto. To date, the Scarborough Centenary Hospital has agreed to sponsor the project should it qualify for provincial funding. A proposal for such a facility has been included in the 1977-78 funding requests.

ARF staff of the Northeast branch have also been assisting staff at Alpha House—a recovery home for chronic alcoholics—with demonstration treatment, staff training, and individual case consultation. Demonstration treatment sessions have also been held by ARF for the medical staff of the Eastwood Medical Centre in an effort to change the attitudes and enhance the treatment skills of staff involved in dependence situations.

A branch staff member is this year's vice-chairperson of the Scarborough Agencies Federation, an association of health and social welfare agencies providing area programs for borough residents. The federation provides an excellent forum for generating support for upgraded services for addicted persons. ARF staff at the Northeast branch serve on a large number of similar agency and special-interest committees which offer opportunities for education, communication, and the formation of new programs and services.

Programs of assistance for employed problem drinkers in this area of Toronto have been fostered through contacts and ongoing development with Amerace Ltd., the York Central Hospital, and numerous small businesses. Research relating to these efforts is planned. As well, initial contact has been made with Canada Manpower with the objective of providing training to the Manpower counselors.

Using an evaluation model developed by the ARF's research division, Northeast branch staff are working on a primary schools' alcohol and drug education program for the area. The project includes teacher

training and pre and post-test procedures designed to assess the program's effectiveness. Self-image and values clarification are major program components.

ARF is centrally involved in the addictions training program for correctional workers offered by Centennial College of Applied Arts and Technology. Currently, the program involves 30 hours of instruction relating to the mental and behavior impact of alcohol and other drugs on abusing individuals; 25 hours of training on therapeutic techniques; and eight hours of instruction on addiction and delinquency counseling. Various ARF-authored publications have been generated by this commitment. Staff of the Northeast branch have also been involved in educational programs relating to the social services course at Seneca College of Applied Arts and Technology, to professional teacher training at Secord Public School, East York Collegiate, and the East York Board of Education.

Northeast branch staff have also actively participated in programs relating to treatment and counseling services provided by the hospitals, clinics, and other treatment organizations in the area covered by this branch office. Functions have included backup counseling services, assisting with referrals, and providing professional education sessions to nurses and other staff.

One of the more successful educational projects implemented by the Northeast branch during the past year is the Addictions Workshop project. Two workshops were held during the year and attracted participants from most of the principal health education and welfare agencies in the Metro area. Each workshop had approximately 25 participants and was carried on over a period of 11 sessions of 2½ hours each. The success of this project can be partially gauged by the positive feedback received from past participants.

More sophisticated instruments were used for evaluating its overall effectiveness and a report will be available shortly. In the meantime, it is planned to hold one similar workshop during the current year as well as a more advanced session for graduates of previous workshops.

Central Metro Branch

The Central Metro branch serves the core area of the city of Toronto and, in effect, is the administrative heartland for the regional and other branch offices that make up the MTR.

The population of this part of Toronto is highly diverse ethnically. Needs and languages differ widely. The many cultures represented often have their own priorities and their own way of achieving goals. In the area of addictions needs, staff and programs must be suffi-

ciently flexible to meet changing and different kinds of demands. Within its mandate, the ARF staff of the Central Metro branch must provide catalytic services which prompt a relevant and beneficial response to the broad range of "community" or "neighborhood" needs.

Central Metro branch staff provide services to a wide variety of clients. These range between downtown youth workers and New Canadian and Native Peoples' groups who frequently find themselves struggling with a foreign urban culture. Groups with whom the CMB staff have continuous contact include the youth workers attached to the Ahbenoojeying Inc. Native Peoples' Group (training in chemical dependence counseling); the various cultural and social organizations in the city's Italian and Portuguese communities (training of case workers, Italian and Portuguese alcohol and drug education presentations); and similar contacts and services to the other ethnic groups in the city.

One interesting and recent project related to Toronto's Italian community is an effort to gather data on research and treatment programs in the parts of Italy from which many of Toronto's Italian community residents originate. The objective here is to attempt to correlate treatment and services in Toronto with those with which immigrants from Italy are already familiar. Contact has been made by the staff of the CMB with treatment professionals in Torino, Italy, in an effort to garner information relating to addictions counseling and treatment there.

Programs with CMB staff involvement targeted at Toronto's Portuguese community include the formation of a sub-committee of Ontario's Workmen's Compensation Board designed to work on increasing the effectiveness of the compensation system for Portuguese claimants, to reduce the number of alcohol-related, on-the-job accidents involving Portuguese workers, and to assist with treatment referrals for Portuguese employees with alcohol problems. ARF staff in this branch have also developed a slide presentation in Portuguese which deals with alcohol consumption and its social impact.

CMB staff have played a major role in recent months in training volunteers in addictions matters to function as resource persons at various friendship and drop-in centres for people of ethnic origin. Because these volunteers are from the ethnic communities themselves and speak the relevant language they enjoy a high level of credibility among community residents.

CMB involvement with ARF's province-wide programs for employed problem drinkers includes contacts with Canada Packers, the Borough of York, the Canadian Imperial Bank of Commerce, and General Foods Ltd. Contacts at these organizations have included

representation from both labor and management.

As is true of most North American metropolitan areas, Toronto has a skid row district, specifically in the south of Carleton and "Cabbagetown" districts. CMB staff are involved in a skid row committee which addresses itself to the various health care and social problems of these areas of the city. Committee activities include efforts to improve addictions services at the various hostels and residences in the area (Seaton House), to participate on committees and in discussion groups which play a role in the lifestyle and needs of the skid row alcoholic, and to improve liaison with Alcoholics Anonymous in this area.

There is a large number of public housing installations in the area served by the CMB which are operated by the Ontario Housing Corporation. CMB staff relate directly to the internal residents' organizations in these housing developments in an effort to assist their members in providing relevant programs for tenants. A specific CMB program thrust involves working with "community guardians," individuals appointed by tenants associations to relate to various aspects of community life, by providing addictions counseling and information on referral techniques and community addictions resources for treatment.

In another low-income area of the city, CMB staff are exploring, with staff at the Parkdale Drop-in Centre, the possibility of establishing a special service to deal with the needs of ex-psychiatric patients. CMB representatives are acting here as facilitators for a program that relates to the chemical dependence problems associated with mental disturbance.

It is impossible, in the limited space provided, to deal with CMB programs comprehensively. Publications available from the library at the Foundation's headquarters complex in downtown Toronto will provide interested readers with more specific information about CMB activities than is possible in this brief summary review.

West Metro Branch

The West Metro branch provides addiction services for the Borough of Etobicoke. Hitherto, programming efforts were directed largely to the northern and southern sections of the borough, with the needs of the central area being met largely on an ad hoc basis. Recent planning for program delivery has emphasized a better distribution of resources to ensure that all sections of the borough receive a minimum acceptable level of service.

The community development objectives of the branch have continued to be directed at very specific outcomes related to the alcohol and drug problem. A West Metro branch staff member has had a very

dynamic involvement in the conception and development of the Lakeshore Area Multi-Service Project (LAMP). This program, locating 12 health and social services for Lakeshore residents within a single centre has recently been funded and made operational. The role of the West Metro branch in the project is widely recognized by residents and health professionals of the area, and the ability of the branch to provide an addictions component in programs aimed at the total health care of the residents has been greatly enhanced.

The branch has also been involved with other community groups which are working towards the establishment of a detoxication centre for Etobicoke. The branch director is a member of the steering committee which has examined the alcohol problems of the area and put up a submission, in conjunction with the Etobicoke General Hospital, for provincial funding of the project.

Branch staff have given increased attention during the past six months to identifying more precisely the current needs of the Rexdale and central Etobicoke communities with a view to improving the range of addiction services to these areas. A drinking driver program is also being developed.

An important area of the West branch activities has been education. During the past year, the branch has put increasing emphasis on combining education with evaluation and research with the aim of developing educational models which have been tested for their effectiveness and are portable enough to be used both within and outside their geographical area.

One of the programs, "The Efficacy of Education in Out-Patient Treatment of Alcoholics," will seek to determine what role, if any, is served by education among persons receiving treatment at the branch on an outpatient basis. The program is due to begin as soon as the research instruments are completed.

A companion project will compare the effectiveness of different educational models in the prevention of chemical abuse among students in the West branch catchment area. The project is being undertaken in collaboration with the Etobicoke Board of Education, with significant input from the evaluation studies department of the Foundation.

The West Metro branch continues to provide a demonstrative treatment component which enables its treatment staff to teach professionals and para-professionals appropriate addictions management techniques. In this connection the major involvement is with the Lakeshore Psychiatric Hospital, the Catholic Children's Aid Society, and the probation and parole services.

Operations Research

This administrative division of the Metro Toronto Region is charged with monitoring MTR programs projects with respect to the quality and quantity of their research components. Operations Research also acts as a resource for Regional Programs staff requiring advice and consultations regarding project research designs.

Recent Operations Research activities include a literature review of existing impaired driving programs to determine how they relate to the programs ARF staff are implementing in various parts of Ontario; evaluation of many Regional Programs projects' research effectiveness, including those in the employee assistance programs and demonstrative treatment areas.

The Operations Research division has also been involved recently in the revision of the Community Contact Report. This process has clarified ambiguities and permitted a greater degree of precision in the information collecting system. The new report also classifies information on the basis of the 11 objectives of the Foundation which had been announced subsequent to the introduction of the previous report.

The overall functional responsibility of the Operations Research division has been broadened during the past year. Consistent with the increasing emphasis on research and evaluation of all Regional Programs activities, a senior research assistant has been appointed and an expanded role is being developed for the unit staff both within the Metro Toronto region and, where possible, with other Foundation divisions such as the library and research areas.

The Operations Research unit also serves as the Secretariat of a new MTR Research Advisory Committee which was established to advise the Regional Management Team about the ethical nature and scientific merit of proposals for research projects to be conducted using the resources of the Metro Toronto region.

Community Programs

MTR Employee Assistance Program Consultants: The EAP consultants working in the Metro Toronto region tend to act as advisors on ARF's EAP policies and programs as a whole, rather than as industrial community organizers.

A recent breakthrough, resulting from efforts of the EAP consultant staff, were negotiations with the Ontario Federation of Labour which are expected to lead to an OFL statement regarding employee assistance programs for the 800,000 unionized workers on Ontario. In addition, the MTR's EAP consultants have been working closely with ARF's EAP task force to assist with the formulation of appropriate

procedures for evaluating the research components of ARF's many employee assistance programs across the province. The consultants serve on the EAP task force's Education Team which is currently working on updating information and public relations materials relating to the employee assistance program.

EAP consultants have also engaged in a high level of organizational and consultative work relating to the various labor and management organizations in Ontario which have their administrative centre in Toronto. Attendance at various association conferences as speakers and with educational displays has provided the consultants with an effective program forum. An important part of their function has been their involvement with various educational institutions in the sponsoring of seminars and conferences on occupational health, as well as in the development of educational material to be used as part of the curriculum for students in community colleges in Ontario.

Limited space does not permit a complete review of EAP consultants' activity within the Metro Toronto region. Public and professional information is available for interested readers from the ARF's various offices throughout the region.

Another area of involvement of the Community Programs staff is in the justice policy field. A staff consultant is currently working with the Ontario Justice Secretariat towards a definition of the scope of alcohol-related problems in Ontario and their related cost in order to evolve a comprehensive health-oriented alcoholism policy for the province. Specific areas of involvement for Community Programs staff include providing information on the orientation of the criminal justice system to alcohol and other drug situations, addictions training for police officers, information and evaluation of driving while impaired programs in Ontario and elsewhere, and many other areas of liaison and resource information to policymakers at the provincial level.

The MTR medical consultant has been significantly involved in a new project developed in the Halton region. This program, known as the Alcohol and Drug Addiction Program (ADAPT), was designed to demonstrate to local community groups and the existing health institutions in the Burlington area an effective intervention strategy for dealing with problems of alcohol abuse in the community.

The medical consultant has been involved in enlisting the cooperation of the management of the Joseph Brant Hospital to provide treatment services and, while conducting assessments of patients, has been training community workers to take over this role.

An experimental project in a Metropolitan Toronto home for the aged has also been one of the activities receiving the attention of the

medical consultant. The project is designed to identify and implement an effective means of treating elderly alcoholics within a home for the aged. This pilot attempt is being carried out at the Castleview-Wychwood Towers and the consultant provides assessment services and training of the institution's staff who undertake most of the actual treatment.

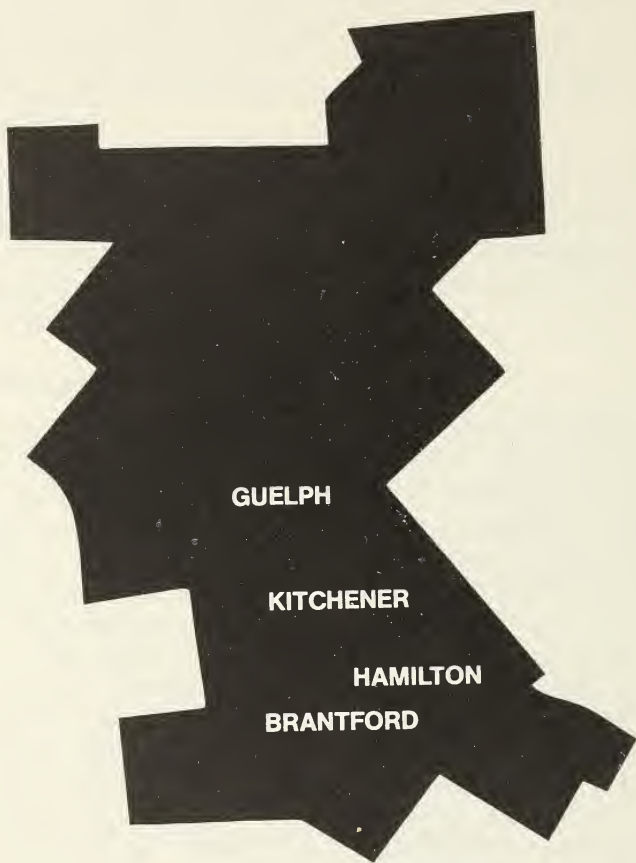
The medical consultant has also played an increasingly greater role in education during the past year. This has involved lecturing to professional staff and students of hospitals and treatment agencies and to universities and community colleges throughout the region regarding diagnosis, assessment, and long-term management of alcoholism and drug addiction.

Community Contact Monitoring System

As with any publicly funded organization providing a public service, it is important to determine how well the service is being used. That is the purpose of a research-oriented Community Contact Monitoring System launched by the staff of the Foundation's Metro Toronto region in January 1973. The system relates only to the frequency of contact with the community, and to the related staff time allotments for such contacts.

Although the system has evolved through a number of organizational and structural phases since its initiation, it has continuously provided the staff of the region, and ARF as a whole, with interesting data on the pattern of community contacts over the course of a given year. The data for the past year (January 1975 to December 1975) include four types of contact area: education and information; demonstration treatment and rehabilitation; development and consultation; and direct service. The number of hours of staff time allotted to each contact mode, and the frequency of contacts in each contact mode have been recorded.

The peak contact months for all modes are January, April, and October, with the summer months being the lowest contact activity time periods. Thousands of community contacts were effected by MTR staff in the reported 12 months. These reports and the monitoring system as a whole are used internally by ARF administrators for allocating resources of time and staff and for keeping tabs on community developments in relation to addictions needs.



MID-WESTERN ONTARIO REGION

Sitting at the centre of the gentle curve formed by Lake Ontario's western extremity, the city of Hamilton is the industrial heartland of Ontario's "Golden Horseshoe." To the west and the north is a hinterland consisting of an admixture of farmland and secondary industry which successive Junior Chamber of Commerce groups have dubbed "The Golden Triangle." In addition to the ARF centre located in Hamilton, the three regional ARF centres located in Guelph, the Waterloo region, and Brantford serve the Golden Triangle area. All four centres constitute ARF's Mid-western Ontario Region.

Hamilton

Staff at ARF *Hamilton* spend a lot of time and energy on programs of information and assistance for the employed problem drinker, a natural preoccupation given the community's highly industrial character. (For a complete description of Hamilton's long-established Employee Assistance Program see Chapter 5.) As in the past, ARF commitment in this area has involved ongoing consultation with personnel officers, doctors, nurses, and senior union and management people in many Hamilton area firms regarding problems with existing Employee Assistance Programs or deliberations relating to the establishment of a program. Several of the long-term EAPs have attained a very high level of sophistication, requiring constant evaluation by ARF and internal company staff and providing valuable data for both ARF and other research groups. As a result of ARF initiative in stimulating the interest of a community group in the concepts of EAP, the epidemiological field station located in McMaster University Medical Centre by Non-MUD, for example, is carrying out a research project based on the 12 years' experience of DOFASCO in EAP for alcoholics.

Other spin-offs of Hamilton's commitment to the employed problem drinker over the past year included the production of an educational videotape—"A Community Development Approach to Occupational Programming"—shown locally and at the Alcohol and Drug Programs of North America convention, in Chicago; a presentation of the Hamilton program by ARF staff at Input '75, a conference sponsored by Humber College and ARF, which attracted 500 delegates; and an appearance by an ARF staff member at the Association of Labor Management Administrators and Consultants in Alcoholism meeting in Atlanta, Georgia, where a paper on "A Systems Approach to Occupational Alcoholism" was presented.

Liaison with various educational institutions in the Hamilton area featured a number of presentations to nursing students enrolled in the department of health sciences at Mohawk College incorporating a

program on addictions into the course of study conferring a diploma in Early Childhood Education. At the McMaster University School of Medicine, homemakers trained by the Victoria Order of Nurses received special lectures on the health consequences of alcohol abuse from ARF staff.

Recent community development work by ARF staff in the Hamilton area has included consultations with the Six Nation's Native Peoples' Reserve on education, planning, and treatment related to alcohol problems; discussion with health and social welfare agencies in that part of the city of Hamilton known as the "North End" regarding support ARF could lend for needed assistance programs, and response to many other community requests for ARF expertise.

As always, reporters from the *Hamilton Spectator* provided thorough and frequent coverage of ARF activities, and stories involving ARF Hamilton were a common feature in Toronto area daily newspapers.

Guelph

Links between ARF staff, the University of Guelph, the Guelph Correctional Centre, and Guelph area employers, such as Rockwell International and Dow Corning, have been strengthened as a result of programs sponsored by ARF *Guelph* over the past year. Plans are moving ahead for the establishment of an Employee Assistance Program for University of Guelph staff who have alcohol problems. As well, the university was the site of several ARF lectures and presentations attracting a large turnout. In addition to the university, a large number of area employers have EAPs in the planning or implementation phases and a survey of referrals to treatment involving workers employed by firms with such programs was launched as an evaluation of ARF efforts in this field.

At the Guelph Correctional Centre, a six-week addictions training program sponsored by the ARF involved some 25 front-line corrections officers and other staff with frequent inmate contact in an effort to provide them with assistance in counseling and understanding alcohol and other drug offenders.

Other developments in Guelph during the year included the appointment of a permanent sub-committee on alcohol and other drugs for the Wellington District Health Council, the group established under provincial legislation to determine health care priorities for the county; a six-program cable television presentation on alcoholism; a hotline phone-in show on radio station CJOY dealing with the social costs of high levels of alcohol consumption; and articles in the *Guelph Mercury* on detoxication services.

Waterloo Region

Concern over the impact of alcohol on young people was a common theme in programs involving staff of ARF's *Waterloo* region centre. ARF personnel in the area are deeply involved in work now underway in the community relating to young people in conflict with the law. A model program of assistance focussing on education and vocational opportunities, accommodation, interpersonal relationships, and recreation is currently in the late planning stages. ARF was also active in assisting the Ontario Youth Secretariat in holding public meetings and assembling data for its province-wide brief on youth and alcohol to the Cabinet. Students at the University of Waterloo and Sir Wilfred Laurier in programs leading to professional qualifications in the fields of social work and psychology are assisting with psychological testing and community development projects administered by ARF in the area.

The Alcohol Countermeasures Program became incorporated and independent after being initiated by ARF to carry out programs for court-referred drinking drivers in the Kitchener area. ARF staff continue as consultants to the committee.

ARF continues its involvement with the Detoxication and Recovery Home facility in Waterloo, with senior ARF staff serving on the home's management group and providing assistance with the educational and therapeutic programs designed for residents of this facility. Recommendations have been directed to the Waterloo Regional Health Council stressing the need for more detoxication and rehabilitation facilities or services for the Waterloo region.

Immediate attention is being given to establishing counseling services for parents of youthful parolees and probationers who have alcohol or other drug problems. Parents of children receiving the services of the Children's Aid Society are seen as another target group for this proposed ARF program.

Media contacts have been numerous, with several involving interviews about the impact on young people of the lowering of the drinking age. Budd Automotive Ltd., Carling-O'Keefe Breweries, the Franklin Manufacturing Co., and B. F. Gooderich are some of the local employers who have been involved in meeting with ARF staff concerning established or planned Employee Assistance Programs.

Brantford

In *Brantford*, the Brant County ARF centre has been acting as a backup resource for the newly established Alcohol & Drug Centre for Native Peoples by supplying literature and films. Located at Oshweken to serve the Six Nations and New Credit Reserves, the centre

was founded with financial aid provided by the federal government and will be evaluated by ARF staff after its first year of operation. The Brant County centre is also involved in an inter-regional program for correctional officers in institutions located in Brant, Haldimand, and Norfolk Counties and the Waterloo region. The program, titled "The Correction Officer's Role in Dependency Programs," involves workshops sponsored by ARF for correctional personnel and has established a favorable climate for referral and counseling for inmates with chemical dependency problems.

The Brant County centre has also identified medical secretaries as an important resource in providing information and referrals to people in the area with alcohol and other drug problems. The centre has launched two pilot programs with the objective of using the special position of the medical secretary to expedite a more effective liaison between individuals and their family physician in situations involving dependency. The effectiveness of those pilot efforts will be evaluated.

Concern about automobile collisions and fatalities in the area involving young impaired drivers has prompted the centre to design an education program on drinking and driving for 15 to 18 year olds for inclusion in secondary schools' Driver Education curricula. The centre's thrust in this area is receiving assistance from the regional researcher and staff of the department of bio-statistics and epidemiology of the McMaster University Medical Centre.

As with the other three centres of ARF's Mid-western Ontario region, public education programs and presentations and the Employee Assistance Program have a high priority.

Regional programs in ARF's Mid-western Ontario region reflect the character and identity of the communities they serve, with ARF centres operating often as backup resource centres for community-developed programs and facilities or as a pressure group for programs and services for which there is a perceived need. As well, it is evident these regional centres are receiving support and co-operation from other research organizations in the health care field either in assisting in the evaluation of ARF pilot programs or in using ARF-generated data for studies of their own.



NIAGARA REGION

Welland, St. Catharines, Simcoe, and Niagara Falls are the sites of the four centres serving ARF's Niagara region. All of these communities share an accelerating rate of de-ruralization. With the possible exception of Niagara Falls, which has always been a commercial and resort community, the cities and towns of the Niagara Peninsula have traditionally enjoyed a semi-rural agricultural lifestyle centred on the orchards, vineyards, and cash crop farms of the area. Over the past 20 years, a large number of labor intensive industries of varying size have located in the area, which is convenient to the large Canadian markets of Toronto and Hamilton and to the U.S. border as well. Health care agencies in the area have been challenged to serve the growing and changing population of this part of Ontario.

St. Catharines

St. Catharines, in many respects, has become the most important Niagara Peninsula centre. With a General Motors plant and other heavy industries and its own university, it is a community of growing sophistication.

Staff of ARF's St. Catharines centre are working closely with community and professional groups in a number of health care related areas. Early work is nearing completion on plans to provide a comprehensive follow-up program for chemically dependent patients treated in the Norris Wing (Psychiatric Services) of the St. Catharines General Hospital. The plan involves the participation of a significant number of ARF-trained volunteers who will co-ordinate a wide range of follow-up services, with research staff from ARF's evaluation studies department in Toronto providing an assessment of the program. ARF staff are also working on addictions training programs for staff at the Wayside House for convalescent alcoholics.

In co-ordination with the St. Catharines Women's Centre, ARF personnel are planning a series of presentations on the chemically dependent woman. The ARF centre is also providing meeting and administrative space for community people involved in the Parent Communication Program, with one ARF staff member meeting weekly with this group to assist it with matters relating to chemical dependence.

Students enrolled in the Social Service Worker program at Niagara College are continuing to receive help from ARF staff regarding job opportunities, course selection, and other matters relating to their needs. With the approval of the executive director of Niagara District Health Council, ARF staff are pressing for the development of an "Alcohol Management Committee" of local citizens who are interested

in serving as a focus for drug-related health and social problems encountered in the region. It is expected that such a committee will become a potential base for a Regional Council on Alcoholism and possibly a sub-committee of the Health Council if and when it is set up.

There has been considerable interest by the media in the ARF programs underway in the St. Catharines area. Radio interviews with ARF staff have been aired on CKTB, St. Catharines, and a feature story on the Parent Communication Program has appeared in the *St. Catharines Standard*.

Niagara Falls

A group of from 40 to 65 indigent men in rooming houses and mission hostels in downtown *Niagara Falls* has been occupying the energies of ARF staff in that community. These individuals, many of whom are presumed to have alcohol problems, have been the subject of a wide-ranging debate in the community, involving local merchants, health and social welfare officials, representatives of charitable organizations, and ARF staff. The key to the controversy is an ongoing uncertainty regarding the status of the group and the question as to whether there are sufficient resources in the community to assist these men with their various problems.

In the summer of 1975, the staff of the ARF's Niagara Falls centre, in co-operation with the Social Planning Council of Niagara Falls, undertook a survey of "The Characteristics and Needs of Indigent Men in Niagara Falls." This initial study was unable to determine conclusively the size of the group, but preliminary findings indicated a need for a hostel for indigent males in the city. A follow-up study executed by an ARF staff member at the Niagara Falls centre, completed in January of this year, was able to identify the size and characteristics of the indigent group with greater precision: it concluded that there are 65 unattached males receiving general welfare assistance in Niagara Falls, with most living in the downtown Bridge Street area of the city. Findings of both studies suggest that a hostel is required for these men to replace the St. Jude Mission which closed in May of last year.

Other recent activities involving the Niagara Falls centre include the staging of a public forum on adolescent alcohol use which attracted a large audience and excellent coverage by the press and further contact with the Greater Niagara General Hospital, Niagara Falls' largest employer, regarding the establishment of an employee assistance program there. Staff of the Niagara Falls centre are also involved in distributing ARF films and literature to elementary and secondary schools in the community.

Welland

The ARF's *Welland* centre has been involved in a major community development project targeted at youth, including chemically dependent young people. Efforts are meeting with some success. ARF and other community groups have established a Welland Youth Group Home and Housing Facility, with ARF representatives serving on the project's board of directors. To date, meetings have been held with the Central Mortgage & Housing Corporation regarding tenders for renovations to the facility and with the Ministry of Community and Social Services concerning the provision of ongoing funding.

ARF staff is also involved in continuous contact with hospitals in the area regarding patients with dependency problems or complications. These include contacts with staff responsible for psychiatric patients at the St. Catharines General Hospital, where the ARF program there is being evaluated by psychiatrists, the head nurse, and members of the after-care team. There are plans to contact similar staff at the St. Thomas Psychiatric Hospital to establish program needs there. Good liaison has been maintained between staff at ARF Simcoe and the Norfolk General Hospital and with the West Haldimand Hospital regarding therapy for dependent patients and addictions training for psychiatric staff.

Welmet Industries, Atlas Steel, International Nickel, and John Deere have been among the employers contacted by the Welland staff regarding the introduction of employee assistance programs. A major public event of the year proved to be the Niagara Falls public forum on teenage drinking, a part of the cross-province meetings held under the auspices of the Ontario Youth Secretariat and in which ARF Welland staff members participated.

Simcoe

The location at Nanticoke of the new Ontario Hydro hydroelectric generating facility continues to have a major impact on the town of *Simcoe*. Health and social welfare agencies in the area are being called upon to provide a higher level of services than ever before. In the past, ARF's Simcoe centre has worked closely with public health officials and with local employers and media concerning employee assistance programs and alternative, non-chemical lifestyles for the community's young people.

A major effort is being expended by ARF Simcoe in relation to Hahnor House, a detoxication and rehabilitation facility for chronic problem drinkers established 18 months ago. Space and facilities at its present location are strained and the ARF is participating in a fund-

raising drive with a \$10,000 target. As well, ARF staff are providing addictions training sessions for the Halnor House staff.

The American Can Company, a large employer in the Simcoe area, has demonstrated considerable interest in ARF's Employee Assistance Program.

Urbanization generally brings an increasingly complex and stressful lifestyle. Because of industrial pressures, provincial government agricultural officials and researchers are talking about relocating the Niagara Peninsula's famous orchards and vineyards to less pressured areas on the shores of Lake Erie, in Haldimand, Norfolk, and Elgin Counties. If and when that happens the Peninsula's transformation from a rural to an urban locality will be complete. That transformation will pose an expanded challenge to the area's health and social welfare institutions, including the ARF.



NORTHERN PROGRAMS

Providing the vastness of Northern Ontario with relevant addictions programs demands a unique blend of diplomacy and a high level of local credibility from Northern Programs ARF staff. While they must strive to maintain the Foundation's research priority in the field of alcohol and other drug dependence, they must at the same time be seen locally to be delivering useful, practical information and services to a large number of diverse and often isolated communities.

The Northern Programs region of the ARF is administered out of eight regional centres located in communities on, or a relatively short distance from, the Trans-Canada Highway. Northern centres like Timmins, North Bay, Sault Ste. Marie, and Sudbury cultivate a fierce local identity and savor an "apartness" from large southern Ontario urban centres like Toronto and London. Yet the programs for chemically dependent individuals most in demand in Sudbury and North Bay frequently turn out to be the programs most often requested in London and Toronto: programs for the employed problem drinker, programs for the seemingly incorrigible drinking driver, and programs of education and assistance directed at the lately enfranchised teenage drinkers and their younger brothers and sisters.

This is not, hopefully, to ignore the very special, even unique concerns of Northern Ontario residents with respect to addictions problems. The particular blend of Francophone Ontarians, Native Peoples, ethnic minorities and WASPs is a culture with its own diverse priorities, customs, and heritage. Familiar social problems relating to alcohol or other drug abuse in such a setting often stem from motivations that seem strange or foreign to the residents of southern Ontario. It is in that context that the staff and services of ARF's Northern Programs region must effectively operate.

North Bay

The Driving While Impaired Program of the *North Bay* centre, now more than two years old, has been an important focus of ARF activity in that area during the past fiscal year. This program, initiated by the ARF at the request of North Bay Judge J. L. Lunney, has received favorable national media coverage. It involves mandatory education sessions for convicted second impaired driving offenders and requires the volunteer participation of doctors, lawyers, police, social workers, ARF staff, and many other professionals in the community. As the North Bay DWI Program is dealt with in detail in another part of this report, no further generalities are required here. Recent developments relating to this program, however, include a citation of it in *Hansard* relating to proposed changes in the Criminal Code of Canada

covering impaired driving offenses, offers of assistance for the program from local chapters of Alcoholics Anonymous, and requests for information and help of various kinds from other Ontario communities wishing to establish their own DWI programs.

Other important areas of activity at the North Bay centre in the past year include a study of beverage alcohol consumption and its effects at Canadian Forces Base, North Bay. This study involves the expertise of research staff at the ARF social studies department in Toronto, as well as local ARF staff.

In another development, accommodation at the North Bay halfway house for chronic alcoholics has been increased from 11 to 15 beds, with funding coming from a Local Initiatives Program grant.

North Bay media interest in ARF activities has been lively during the past year, with two television programs on "Youth and Alcoholism" and "Impaired Driving," and regular coverage in community newspapers.

Sudbury

The *Sudbury* centre made it a priority this past year to assist the Ontario Provincial Police and the Sudbury Regional Police in their efforts to make young people aware of the hazards of alcohol and other drug abuse. ARF inputs to the police program have consisted of ARF-sponsored instructional training sessions for the police officers involved and recommendations of appropriate and accurate educational materials for the officers' student audiences. Also on the education front, staff at ARF Sudbury have been meeting with local senior Ministry of Education officials, and with elementary and secondary school health and guidance consultants at the school board level, to explore the introduction of instructional units on alcohol and other drug abuse as a formal part of the health curriculum at both elementary and secondary levels.

ARF services for Native Peoples in the Sudbury area in the past year comprised a representation to the Secretary of State regarding the establishment of a national program on the alcohol problems of Native Peoples, support for a Native Peoples' funding request to the Ontario Grants-in-Aid Committee, and the provision of ARF expertise to a member of the Little Sisters of Assumption Order at the Wikwimikong Reserve who want to establish a volunteer Family Counselling Service on the reserve.

Reports on ARF Sudbury's programs were carried in both the French and English press, ARF staff were featured in several television presentations, particularly in regard to new ARF information publications, and, as always, the telephones were rarely quiet.

Sault Ste. Marie

Education and community involvement have occupied the energy of ARF staff in *Sault Ste. Marie* in the past year. Much of the activity centred on the Youth Agency Consultation Network, with ARF staff holding special forums on "Alcohol," "Youth in Conflict with the Law," and other issues. As in Sudbury, efforts are being made in Sault Ste. Marie to include alcohol education programs in elementary and high school curricula. In support of this campaign, a large number of workshops on alcohol issues were staged, involving public and separate school elementary and secondary teachers and the public at large.

ARF personnel are also prominent in the community life of Sault Ste. Marie, providing alternatives to involvement with alcohol and other drugs. One example is the successful ARF sponsorship of the Second Annual Elementary School Winter Lacrosse Tournament, which this year featured an all-Indian team coached by an ARF staff member. Local media coverage of this and other ARF community action programs has been extensive. Moreover, it is estimated that more than 2,200 people attended ARF-sponsored workshops and discussion sessions during the year.

Thunder Bay

Inter-agency work and programs for the employed problem drinker were major priorities at ARF's *Thunder Bay* centre. During the course of the year, presentations were made to a large number of local employers, including Willroy Mines, Industrial Grain Products, United Grain Growers, and the Township of Manitowadge. As explained in detail in another part of this report (Employee Assistance Programs – Hamilton), the purpose of such presentations is to spark an awareness among employers of what they can do to moderate excessive drinking and alcoholism in their work force. A main benefit of this program from the Foundation's standpoint is that problem drinking can be arrested in an employed individual *before* family and financial difficulties have turned a problem into a crisis.

The Thunder Bay centre has also been extremely busy providing expertise on alcohol and other drug problems to other health and social welfare agencies in the community. Sessions involving the Children's Aid Society, nursing students at Lakehead University, and school guidance counselors have provided those groups with information and strategies for coping which will be of ongoing relevance to their work. In particular, the local brigade of The Salvation Army has been relying on staff of the centre for assistance in establishing a non-medical detoxification facility for chronic alcoholics and periodic heavy drinkers.

As in the past, ARF Thunder Bay has received a high level of coverage in local media outlets and, in addition, provided a considerable amount of data and backup to the Ontario Youth Secretariat in relation to the Secretariat's brief to the provincial Cabinet on "Youth and Alcohol," released April 1.

Timmins

Most residents of Ontario are aware that Timmins is Canada's largest municipality, covering an area of roughly 79,000 square miles. For the *Timmins* centre of the ARF, the vast area over which it has a mandate to provide addictions information and service means a high level of program diversity and a commitment to utilize all available media outlets to the fullest extent. Among the ongoing programs which have occupied the staff of ARF Timmins in the past year are: stepped-up efforts to establish a rehabilitation and halfway house for chronic alcoholics in the Kirkland Lake area (tentatively called "Harmony House"); the provision of administrative assistance and health care advice to Bonne Entente, a residential and occupational program funded by Canada Manpower in Cochrane; consultations with education officials at Moose Factory to encourage the inclusion of alcohol education courses for students in area schools; continued liaison with the Ontario Ministry of Correctional Services regarding program content for the Monteith Program, which provides assistance of various kinds to inmates of the Monteith Correctional Centre with alcohol and other drug problems; and frequent meetings with representatives of the mining and other industries in the Timmins area to help with employee assistance programs established by these firms and to encourage other area employers to establish these programs for their work force.

These and many other program initiatives continued to receive a high level of support and co-operation from Timmins' electronic and print media, primarily CFCL-TV, which, through satellite stations, serves the entire district, and through the *Timmins Daily Press*. Regular presentations of ARF programs and policy are a feature of the Don Dewsbury Show on CFCL and the *Press* frequently carries stories bylined by ARF Timmins staff.

Owen Sound

Owen Sound is Northern Programs' most southerly centre. ARF's Owen Sound centre serves the community of Owen Sound, with a population of 100,000 and growing industrial sophistication, and the agricultural and resort communities located in Grey and Bruce Coun-

ties, in addition to the Cape Croker Native Peoples' community on the Bruce Peninsula.

Issues and programs involving staff at ARF Owen Sound in the past year have included: the need to improve counseling and assistance programs for inmates of county jails; concern over a growing level of impaired driving charges in the area and initial steps to establish a Driving While Impaired Program in co-operation with the Owen Sound detachment of the Ontario Provincial Police; further steps to establish a combined detoxication/halfway house unit to cope with a growing perceived need; and more ARF support and encouragement for establishing alcohol education and assistance programs in the schools serving Native youth in Cape Croker. ARF has now established a project called "Native Peoples" designed specifically as a resource for school principals wishing to establish such programs.

Coverage of ARF programs by the *Owen Sound Sun-Times* reflects an awareness of both local initiatives and of research and statistical data emanating from the Foundation's research division in Toronto.

Orillia

Recent policy and fiscal moves by the Ontario Ministry of Health have had a direct impact on programs and priorities at ARF's Orillia centre. In keeping with the recommendations of the *Mustard Report* on the province's health care delivery systems, the health care community in Orillia is moving towards a multi-disciplinary approach to the delivery of health care. This is reflected in the establishment of a Multi-Service Health Centre in the area. The staff at ARF Orillia are directly involved in the incorporation of an alcoholism treatment unit as part of the cluster of health services planned for the centre.

With hospital budget cuts directly affecting Orillia's hospital facilities, the role of volunteers has become highlighted. ARF is playing a training role in relation to alcoholic patients in this area, particularly at the Orillia General Hospital and the Collingwood Hospital, both of which have Early Intervention Programs for people in the community with incipient alcoholism problems.

A detoxication unit was finally opened in Orillia in February of this year and a telephone crisis line, which began operations in October, 1975, continues to function well. ARF is represented in a consultative role on the Orillia and District Joint Labour/Management Industrial Alcoholism Program and is also active in a wide range of area groups concerned about chemical dependency. A family-centred counseling service developed by ARF has been accepted as the focus for a study by the Simcoe County Inter-Agency Senior Staff Group, a task force on

health care incorporating the senior professional of most of the health and social welfare agencies in the area.

Relations between ARF staff and the local media have been excellent in recent months. Four half-hour programs on ARF involvements in Simcoe County have been telecast over the CBC-TV affiliate in Barrie, CKVR-TV, and ARF personnel have been featured on many local cable television presentations.

Kenora

ARF's *Kenora* centre is directly involved in the development of a Community Alcohol Treatment Delivery Program. This necessary community-based action thrust is evolving through a series of meetings with ARF Kenora staff involved in a variety of functions: as participating contributors to public meetings held by the Detoxication Board and the Alcohol Treatment Co-ordinating Committee; as sponsors of training sessions for professionals (e.g. for Kenora nurses, school teachers in Vermillion Bay and Red Lake); as presentors of relevant information on chemical dependence to such diverse groups as the Kenora Recreation Committee and groups of nurses and patients in the Kenora Hospital. In relation to the latter program, ARF staff visit old and new patients on a continuous basis in a variety of functions, but do not record case histories or deal with these people as ARF patients. As in the other regions of ARF's Regional Programs division, the role of ARF Kenora staff in relation to treatment is purely supportive.

A large part of the community development thrust by ARF staff in the Kenora area, extending from Red Lake to Rainy River, has to do with the problems of alcohol abuse by Native people. This aspect of our involvement again is one in which we provide support to Native groups who must be involved in the process.

Reviewing activities in all of ARF's Northern Programs centres, it becomes clear that all centres share a concern for the employed problem drinker in Ontario, all are heavily committed to, and generally successful in, providing publicity for local ARF programs, and that all are working with existing education and health care institutions to effectively replace an earlier ARF emphasis on providing direct treatment services to alcohol and other drug hurt individuals in Ontario's northern communities.



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- ELORA

○ GUELPH

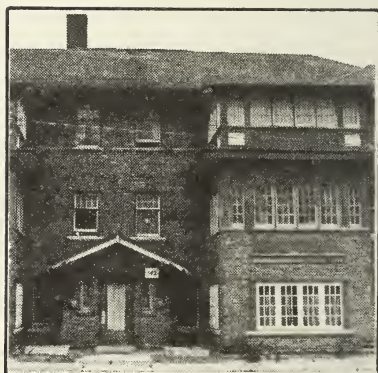
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142 SPADINA RD



PILOT PROJECTS

The generation of practical approaches to the treatment of chemically dependent individuals has been a part of the Addiction Research Foundation's research mandate in the treatment area for many years. One of the primary mechanisms by which this mandate has assumed tangible form is in the several long-term piloting or developmental projects funded by ARF and administered through its regional programs division. The purpose of these projects is to delineate, through experimentation, methods of non-medical treatment which make a valid therapeutic contribution to the knowledge, and its application, of treatment techniques in the field of chemical dependence as a whole.

Currently, three special projects operated by the Foundation—8 May Street, Bon Accord Farm, and 142 Spadina Road—turn on a residential response to providing treatment and rehabilitation largely for alcohol-hurt individuals. Two of these project facilities are located in Toronto, and one—Bon Accord Farm—is situated on the outskirts of the village of Elora, about 75 miles northwest of Toronto.

8 May Street

Encouraging Ontario employers to develop effective in-company assistance programs for those of their workers and management staff who have drinking problems is a major ARF and Regional Programs division priority across the province. Operating in tandem with this community development thrust is a residential treatment centre for employed problem drinkers operated by the Foundation in the downtown area of Toronto.

"8 May Street," as the unit is called, accepts both voluntary and mandatory referrals of employees which Ontario employers have identified as having alcohol problems affecting work performance. Sited in Toronto's upperclass Rosedale area, the building itself has an air of quiet elegance. Inside, clients go through a three-week residential or day care program designed to impart new problem-solving behaviors. Both male and female referrals are accepted and up to 272 problem drinkers go through the program every year. The treatment mainly takes the form of workshops designed to effect change in a number of problem areas.

In a second follow-up phase after the three-week Phase I portion of treatment is concluded, clients are treated either at May Street or elsewhere for a period of up to one year. Clients and their spouses may be seen by 8 May Street treatment staff every second week for the first three months after leaving the program, every fourth week for the

following three months, and every sixth week for the remaining six months.

The client's work supervisor is actively involved in the client's treatment program and in general educational sessions relating to the May Street program. The client, his therapist, and supervisor meet together to plan aspects of the client's follow-up program, with sessions generally lasting four hours. Sex counseling is also offered to clients and their spouses.

The 8 May Street program is subject to a great deal of research and is often featured as the subject of articles in professional journals which deal with a wide range of treatment issues. As well, the centre had attained a high level of credibility among management and labor groups in the province.

Bon Accord Farm

Bon Accord is a residential facility providing rehabilitative education for a maximum of 27 chronic drunkenness offenders or problem drinkers at the bottom end of society's scale. "Farm" is a misnomer since one of the main activities at Bon Accord is the reproduction and marketing of antique Canadian furniture. Unlike the environment from which most of the residents originate, the atmosphere at Bon Accord is rural.

At Bon Accord, community self-government and behavioral review groups, combined with the work program, are the primary aspects of the rehabilitative program being assessed there. The objectives of the program are the development of self-reliance and the altering of destructive drinking behaviors. Bon Accord is an all-male facility.

The residents of Bon Accord arrange democratically, through committees, recreational programs, decide on house rules, and deliberate on admission procedures for prospective new residents. Employment is provided for residents in the furniture restoration and reproduction industry, the sales of which assist in financing the Bon Accord operation. The working hours are from 8 a.m. to 4 p.m. daily five days weekly at hourly rates ranging from \$1.75 to \$2.55. The residents are charged either \$39.00 or \$41.00 a week for room and board; the lower rate is for shared accommodation.

The length of stay at Bon Accord varies, but may be up to as long as 18 months and two years. Residents are initially admitted for a two-week probationary period after which they may be admitted as full members of the community.

Recently, community self-government at Bon Accord has undergone some modification. A new component called "Objective Setting and Commitment Monitoring" has been added to assist residents in establishing goals and relevant objectives for themselves. Bon Accord

residents are partitioned into groups with an elected leader. The leader maintains a manual of performance on each member of his team. Each group member has a manual of his own in which his performance goals are listed. These goals apply to both work performance and drinking behavior. Weekly commitments are written down in individual and group workbooks, and completion and non-completion on schedule are recorded. Decisions about the response to poor individual performance are made democratically within each group.

Bon Accord has always attracted a good deal of media attention both locally and nationally. Antique fanciers are aware of Bon Accord as a source of quality reproduction furniture and antiques. Over the years since Bon Accord was established in 1967, ties have strengthened between Bon Accord and the Elora community.

The present research work at Bon Accord is being conducted in co-operation with ARF evaluation studies. Several articles have recently been published. Further information on this research work is available from the Foundation on request.

The Spadina Project

As 142 Spadina Road will be discussed at length elsewhere (p.63), the description here will be brief. 142 Spadina Road is a halfway house facility for male and female problem drinkers. With 36 beds, 142 Spadina Road operates a number of structured programs for its residents. This developmental project is designed to elicit new and successful re-educative modalities that can be readily transferred to other recovery home facilities in Ontario and elsewhere. Programs at 142 Spadina are testing the hypothesis that structured programs will result in a higher rehabilitation rate than informal programs providing food, accommodation, and recreational opportunities but little formal counseling or therapy.



CHAPTER 2

The Monteith Day Care Program

Getting Straight

“Rehabilitation” is a word that has received a lot of abuse in the past decade and a half. It is a big word that implies correction. Judging from the results of recent public opinion polls conducted to sample opinion on the restoration of the death penalty in Canada, most Canadians do not today believe in “rehabilitation.”

Whatever is decided about capital punishment, Canada will still have prisons with people in them. And there will still be a need for public discussion about what happens, or what should happen, to people when they are in prisons.

It was that kind of discussion which sparked the foundation of a program dedicated—not to rehabilitation—but to the restart or redirection of inmates nearing the end of their sentences on a variety of charges at the Monteith Correctional Centre, about 40 miles northeast of Timmins, Ontario. The discussions, which began in 1969 and ended in December 1970, with the establishment of the program, took place between a probation officer, the superintendent of the correctional centre in question, the administrator of the Northeastern Regional Mental Health Centre in South Porcupine, on the outskirts of Timmins, and the then director of the Addiction Research Foundation’s Timmins centre. Enactment of legislation allowing some inmates of provincial correctional institutions temporary leave made the program practical.

Until May 1973, the Monteith Program was funded by the Addiction Research Foundation as a pilot project and, as such, was heavily researched and evaluated. Since that date, the project has been operated by ARF as a demonstration treatment program, but is funded on an annual contractual basis by the Ontario Ministry of Correctional Services. Since the program was launched, 230 inmates have passed through it. Some of these have succeeded in staying out of prison; others have returned. There is no other program in Canada like the Monteith Program.

At about 7:30 a.m. the inmates who have been enrolled in the program exchange their prison garb for the street clothes that were taken from them when they entered the institution. They have been incarcerated for a variety of crimes: drug possession and trafficking, breaking and entering, assault, theft, possession of a dangerous weapon, and impaired driving. It is Monday morning and they are about to be bused from the Monteith Correctional Centre to a residence on the grounds of the Porcupine General Hospital which is in South Porcupine in the eastern section of Timmins. They will make the same trip each morning and return each evening from Monday to Friday for a nine-week period.

As they get ready to leave Monteith, they may be the target of jibes from other inmates not in the program. The group is occasionally labelled as being on "the goof parade" or going on "the bug course." Once the group of 14 or so inmates arrive at the Mental Health Centre, they are conducted to an area where graffiti cover the walls and where they are offered toast and coffee. There are no bars on the windows and, although some aspects of security precautions are evident, they are not intrusive.

There are no "guards"; just three therapists, one of whom is a woman. The graffiti is a leftover provided by previous participants in the Monteith Program. In prison, just about everything is done for you: your clothes are washed, your meals are cooked and served, your recreation is arranged. At the residence, you have to "do" for yourself. And you have to *think*—about yourself, who you are, and about the people who are with you and who they are. And you agree, as a group, not to talk about some of the things you will be doing when you get back to Monteith.

While you are enrolled in the Monteith Program the chances are good that you will have contact with some or all of Alcoholics Anonymous, Grand Council Treaty No. 9, the Addiction Research Foundation, the Unemployment Insurance Commission, the Children's Aid Society, the Timmins Police and the Ontario Provincial Police, the RCMP, as well as judges, lawyers, bank managers, musicians, and karate experts. You may have had contact with some of these people before, but this time it's different. They are interested in you not, first, as a threat to society but, first, as a person with problems, interests, and ideas. They want to talk to you, convicted car thief, bank robber, or whatever. It is the aim of the program to help you gain more insight into your needs, feelings, attitudes, and behaviors. The Addiction Research Foundation is involved because alcohol or drugs are a big part of the reason you're in prison in the first place, along with just about 90% of those who are in there with you.

So what happens? Well, for the two and a half hours every morning you're there they have something called "an awareness group." Usually, there's yourself, six other inmates, and a staff member. You talk. About yourself and about the other guys in the program. And you tell the truth. You get mad if you feel like it. It can get pretty heavy sometimes. But you use this group when you're participating in the other activities. You go back to it and talk things out. And you never talk about what happened in an awareness group when you go back to Monteith.

We also have sort of a teaching and learning session which the people running the program called "didactics." Basically, they are just more formal awareness sessions with the entire group taking part. We have a lot to say about what goes on in these sessions, what movies we'll see, what subjects we'll talk about, and so on. They also help the new people in the program who have to find out what's expected of them.

We're made responsible for organizing a lot of the program activities ourselves, such as inviting guests, planning recreation, and, once a week, one of the guys who's been in the program for a while has to make a presentation to us on a subject we're all interested in. Sometimes the staff will veto one of our ideas, but they're usually okay. Every Friday morning we all get together to talk about what's happened during the week. If we have an interest in developing a particular skill, we can brush up on our technique over at Northern College where they have machines and technical instructors. They have upgrading courses in the services like cook or motel manager as well.

I guess the best thing about the program is that nobody judges you right off because you've done something bad. People wait to find out who you are first. If you do something they don't like, they tell you about it right away. And that's good.

Still, there are probably a lot of us who are a disappointment to the people running the program. Some get out and stay out and I'm sure the program helped with that. Others return and I guess that's inevitable. Maybe they'll smarten up the second time around.

"The gradual process of gaining perspective on problem areas, building self-esteem, and becoming comfortable with a self-fulfilling life on the street sometimes includes a return to prison. There have been cases where program graduates, having been sentenced to a prison term following participation in the program, have stayed out of prison after being released. It's as if another prison sentence is part of the growth process."

—Dennis Bernardi, Director,
Monteith Day Care Program



CHAPTER 3

The North Bay DWI Program

The Drunk Driver—Strategies for Coping

There's a poster behind the counter in the Liquor Control Board outlet in downtown Stratford, Ontario. It shows a man holding his head in his hands. In the background, in the middle of the roadway, lies a small child, struck down by the man's car. The caption reads: "How Can You Dare To Say You're Sorry?"

Traditionally, posters like these and sanctions imposed by the law have been used as a deterrent to drinking/driving behavior. A recent lowering of Ontario's highway speed limit to a maximum 60 miles per hour and mandatory seat belt legislation have been credited for a drop in the number of fatal and personal injury accidents. But alcohol-related collisions remain a high proportion of all accidents which do occur on the province's highways. At the same time, an individual who has been convicted of impaired driving more than once is very likely to be an individual with a growing drinking problem, one that is getting out of control.

Because of its concern for the high incidence of alcohol involvement in tragic automobile collisions, and because of its interest in developing catchment procedures for individuals with the symptoms of developing alcoholism, the Addiction Research Foundation's North Bay centre welcomed an approach made to it in October 1973 by Provincial Court Justice J. L. Lunney who wished to explore the feasibility of providing an alternative to jail terms for drivers clearly identifiable as problem drinkers.

The ARF's North Bay centre took Judge Lunney's request as an opportunity both to make a useful contribution to an ongoing modern social problem centred on the automobile and human behavior and to capitalize on the community education opportunities offered by a successful program. From the beginning, the North Bay DWI program was envisioned as a mandatory education program for repeat impaired driving offenders and, from the beginning, it has involved volunteer contributions of time and expertise from local medical, legal, therapeutic, and law enforcement officials.

The program itself consists of 11 different presentations on aspects of drinking/driving behavior and course participants are enrolled for a period of 11 weeks. Attendance at these sessions is obligatory and sanctions are imposed for lateness or absenteeism.

Session 1 is introductory and evaluative. Participants are given a questionnaire, which queries them about their drinking behavior, and two tests—an attitudinal test and an alcohol knowledge test. Test and questionnaire results individualize participants at the beginning of the course and knowledge and progress can be monitored as the course unfolds. The content of future presentations is outlined to each participant and the attendance rules explained.

Session 2 is devoted to making apparent the distinction between problem drinking and social drinking. This presentation is coordinated by a local public health nurse who encourages the active involvement of all participants in developing knowledge of the symptoms of alcoholism. As is true of subsequent sessions, participants are given a questionnaire which they use to evaluate the effectiveness of the presentation. They are also provided with alcohol knowledge literature produced by ARF.

Session 3 deals with physical effects of alcohol abuse and is presented by a local doctor. Considerable detail is provided on the impact of regular excessive alcohol consumption on the brain, liver, heart, and nervous system. The dialogue which usually results from the doctor's presentation is followed by the film *Almost Everyone Does*, a documentary dealing with the hazards of alcohol abuse, and participants are provided with the ARF booklet, *Alcoholism and The Family*.

Session 4 features three presentors: director of ARF's North Bay centre; director of the North Bay Crisis Centre; and a social worker with the Family & Children's Services Branch of the Ontario Ministry of Community and Social Services. This session deals with the social impact of problem drinking on the problem drinker's family, with particular focus on children and young people. A film dealing with this issue—*The Summer We Moved To Elm Street*—concludes this session.

Session 5 focuses on the attitudes of problem drinkers, particularly on what has come to be known as "the defense mechanism." It is presented by a North Bay psychiatrist and involves a great deal of self-assessment by course participants. Each of them is asked to complete a personal history outline relating to drinking and driving. They record how often each situation occurred, what were the consequences, and what were the emotional and financial costs. They are also asked to identify their reasons for excessive drinking.

Session 6 is led by another North Bay psychiatrist who is an expert on stress. The consequences and effects of stress on the body are described and a simple procedure for reducing the physical symp-

toms of stress is described. Participants are asked to have ready for the following week's session an account of their activities just prior to the impaired driving arrest and to describe some of their feelings regarding attendance at the course.

Session 7 is, in effect, preparation for a "confrontation session." Each participant delivers the presentation assigned the week before and is asked to draw up a list of complaints about the way he was treated for presentation to a lawyer and a policeman. A local lawyer and a member of the North Bay Police Department present themselves to the group in Session 8 and respond to the questions prepared for them the preceding week. Participants are free to enter the free-wheeling discussion at any time.

Session 9 features Judge J. L. Lunney, who deals with prevention. He confronts the group about the need to be honest about the consequences of their actions and identifies Alcoholic Anonymous as a possible source of assistance.

Session 10 features a successful graduate of the North Bay DWI program. He describes his previous drinking behavior and the suffering it caused himself and others. He urges other participants to look at their own experiences and to try to modify their behavior in appropriate ways.

The final session in the program is designed to allow participants to plan a future course of action. Participants are asked two questions:

1. How will you ensure that you will not appear in court again charged with the offenses which resulted in your participation in the DWI program?
2. What kind of help are you going to seek?

The final step in the program is the administration of the same tests which were given to participants at the first session. This provides material for pre and post-evaluation of knowledge and attitude changes.

According to ARF's North Bay centre director, the DWI program has produced two clear conclusions:

1. That it is possible to significantly alter the attitudes of repeat impaired driving offenders regarding authority figures, alcoholics, self, and other aspects of drinking/driving behavior.
2. That self-reported consumption of beverage alcohol drops significantly during the period that the individual is enrolled in the course.

The North Bay DWI program has been mentioned as a possible alternative to jail sentences in recent debate in the House of Commons relating to changes in the federal Criminal Code respecting impaired driving. The program has also received national and local media coverage.

The benefits of the program, and its overall effectiveness in changing the behavior of the persistent drunk driver in North Bay, are being carefully evaluated to determine if the effectiveness of the program warrants active attempts to encourage other localities to develop a similar program.

— *Mark Poudrier, Director,
North Bay Centre*



CHAPTER 4

The Spadina Project

Halfway Home

The term “halfway house” or “recovery home” suggests a comfortable, supportive environment where someone with a problem can try to solve it in peace and quiet. Although recognized as being different from what people colloquially refer to as “real life,” the halfway house environment is designed to propel residents back into what is perceived, often in a variety of ways, as the “real world” within a finite period of time. Unlike a prison or a commune, residence in a halfway house is, by definition, temporary.

As publicly funded institutions without a religious affiliation, halfway houses are very much a post-war North American phenomenon. Physically, they rest on the foundation of veterans’ recovery homes, established by governments which recognized that the aftereffects of the Second World War were as much psychological and behavioral as they were mutilating in other respects. Conceptually, the growth of halfway homes coincided with an intense pre-occupation with the behavioral sciences in the immediate post-war period with a deepening conviction that destructive behaviors, far from being inherited, stemmed from habits and lifestyles which could be changed.

As most of those who fought in World War II were male, it was entirely natural that the notion of a “recovery home” was from its inception conceived of as a male facility. This development was reinforced, until at least the mid-60s, by the nature of the short-term helping accommodation provided by religious organizations for the “down and under,” who had been male before, during, and after the Depression.

In Ontario, and other parts of this continent, halfway houses like this are not new. What is new is the recent trend towards providing rehabilitative services for both sexes under one roof and an awareness that three meals a day and a warm bed may not always be enough to change a person’s lifestyle.

What is now known as the Spadina Project, or simply “142 Spa-

dina," originated nearly 10 years ago in the Foundation's 10 Madison halfway house for male problem drinkers. The goal of 10 Madison was to develop a facility and a program which could be applied by other halfway homes established in the province.

This original facility was exclusively for male problem drinkers; only limited treatment or counseling was offered to residents; and there was no systematic follow-up of the men after they moved out. In spite of some limitations, 10 Madison presented a unique approach and one which was widely copied but it was not carefully researched.

With the hiring of a new director for the project in 1973, a variety of programs and evaluative research components were built-in, in an effort to try to measure the effectiveness of new approaches. At the same time, a residence for homeless female alcoholics was established next door to 10 Madison by the ARF in response to a need for such a facility, made evident by some research data and various coverage of the issue of "The Female Alcoholic" by Toronto media. Expropriation by the city of Toronto of the two Madison Avenue properties for a subway installation prompted a move to a new residence at 142 Spadina Avenue in the autumn of 1974, and significantly delayed implementation of the formal research effort.

The Spadina Project is unusual among most halfway houses by virtue of the fact that both male and female alcoholics are together in the residence programs and on account of the greater number of beds. All residents participate in four programs based on a theoretical framework developed by the director. They are designed to effect a reintegration with the outside world. The "Social Interactions Program" teaches residents ways of dealing with the problems they encounter in relating to other people. The "Alcohol Program" is directed at measures which assist the individual in controlling his or her drinking behavior. The "Directed Goal-Setting Program" is a systematic approach designed to encourage residents to plan realistic goals for themselves and to act on their plans. Finally, a fourth program called the "Combined Strategy" melds elements of the previous three approaches in a single strategy for solving personal problems, including alcohol abuse. Residents participate in varying combinations of these and other less structured programs.

As it is the primary objective of the Spadina Project to develop and assess structured programs which could be effectively applied by other halfway homes in the province, residents are divided into groups receiving different programs. The effectiveness of these programs in altering behavior and in achieving a successful re-entry to the outside world is then assessed by specialized treatment research staff at 142 Spadina with co-operation from the Foundation's research division.

The basic objective of the grouping of residents into different

programs is to test the theory that it is possible to obtain better results than those experienced in halfway house environments which offer only comfortable living accommodation for a few months and no counseling or other formal programs. Under a procedure designated "Internal Controls," residents at 142 Spadina are split into two groups: one group receives a high level of formal counseling and other inputs; the second group is enrolled in a relatively unstructured program. Under a procedure termed "External Controls," the results achieved by both the formal and informal approaches to rehabilitation are measured against success rates attained by other Ontario halfway houses, most of which have unstructured programs.

The collection of data on individual behavior is, of course, central to measuring the success of any program. At 142 Spadina, degrees of success or failure are determined by analyzing information from a wide variety of sources: from what the resident says about his/her own behavior regarding drinking, job-hunting, and so on; from recorded encounters which the individual might have had with the law; from information about the individual, supplied by welfare, police, and detoxication officials; from a series of scientifically designed attitude tests administered to the individual; and from observations of the individual's attitude and behavior by the 142 Spadina staff. Residents are also required to report for a follow-up interview at six, 12, and 18 months after their discharge from the residence. For each resident for whom a follow-up is successfully completed, there will be over 700 "pieces" of information, representing a minimum of 11 hours of assessment time per resident.

In addition to participating in the research aspects of the 142 Spadina program, residents are involved in many household activities. These include weekly residents' meetings to discuss problems and to plan recreational and social activities; cleaning of their own living quarters, washing of dishes, etc; preparation of breakfast and lunches on weekends; organization of and attendance at meetings of the Spadina alumni group, where they meet and talk with former residents who have passed through the program. As well, after completing the group of four core programs, all residents are required to meet once a week to assess progress on the goals delineated by those programs.

Currently, 142 Spadina Avenue has 39 beds for men and women problem drinkers. Programs there are the subject of at least one post-graduate thesis study and ongoing assessment will result in widely publicized research results. For those with a professional interest in work underway at 142 Spadina, the following publications and articles will be especially relevant:

Martha Sanchez-Craig, "An Overview of the Spadina Project," presented at the Clinical Institute Seminar and Lecture Series, Addiction

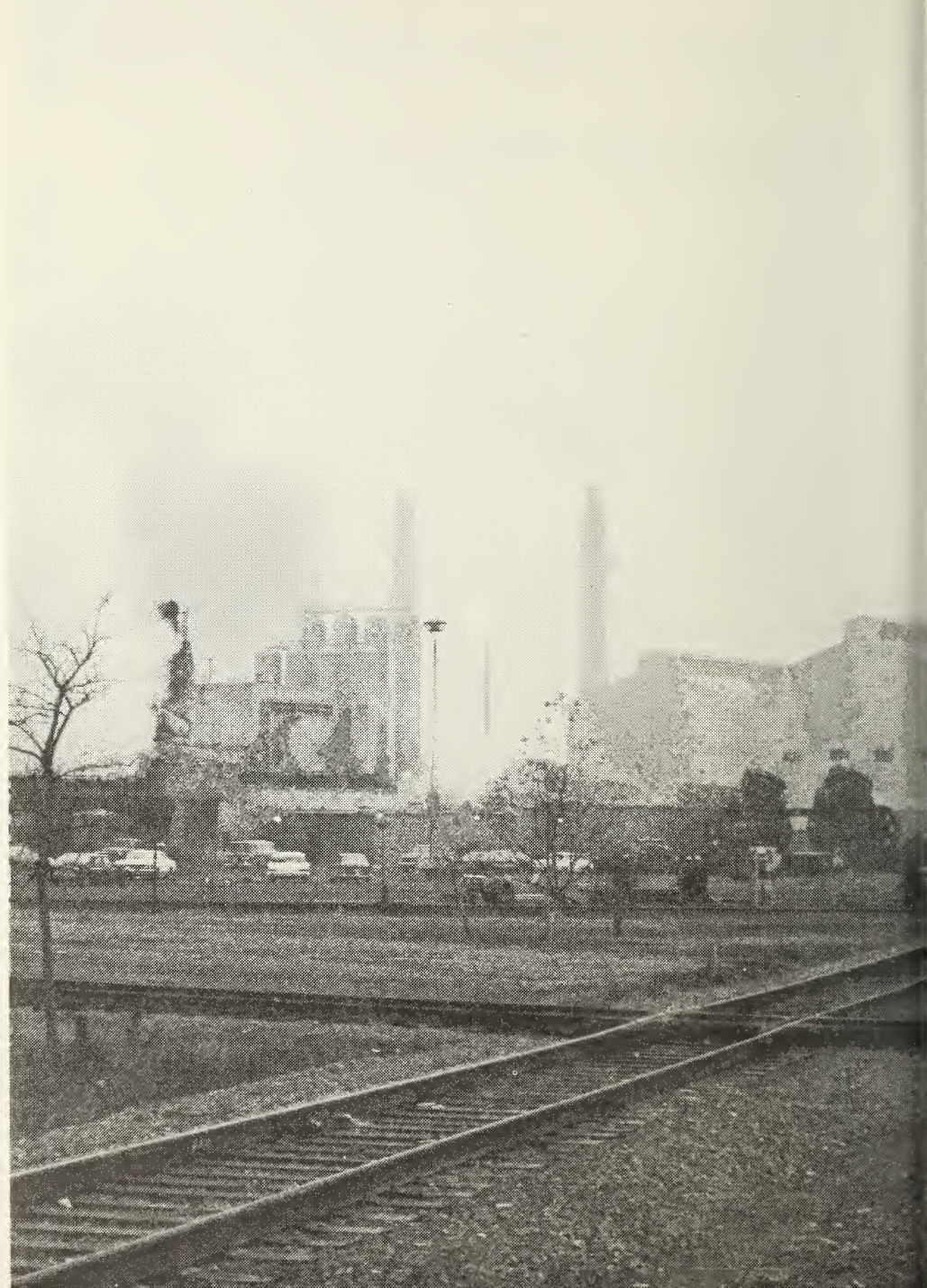
Research Foundation, March 20, 1975.

The Spadina Project: A Summary of Program and Research Activities, September 1975.

Martha Sanchez-Craig, "Cognitive and Behavioural Coping Strategies in the Reappraisal of Stressful Situations," *Journal of Counselling Psychology*, Vol. 23, No. 1, 1976.

Keith Walker, "Covert Sensitization vs. Reappraisal Therapy in the Modification of Drinking Tendencies," summary of thesis proposal 1976.

— Martha Sanchez-Craig, Director,
The Spadina Project



CHAPTER 5

Employee Assistance Programs— Hamilton

Alcohol and the Workplace

Drinking and working are two common human pursuits. In combination, they have enjoyed a strange and rather twisted history. It was, and for some employers still is, commonplace to reward hard work with free drink. It was once widely believed that alcoholic beverages increased a person's capacity for physical labor, a notion which prompted rural gentry to issue their harvest workers with lashings of "harvest beer" to strengthen their arms and backs for redoubled efforts. On the other side of the coin, the 18th-century British illustrator, William Hogarth, dramatized the adverse effects on the working-classes of the time of an excessive reliance on beverage alcohol in his memorable series of "Gin Lane" drawings. And in the second half of the 19th century in England all kinds of distinguished community and political figures took it upon themselves to reform the working people of the country of their loathsome alcoholic excesses.

Since the mid-'50s in Ontario and other parts of the industrialized world, researchers and therapists concerned about the dynamics of alcoholism have come to recognize that it is *after* a problem drinker loses his job, and thus his financial security, that chances of effecting rehabilitation rapidly diminish. In this context, the workplace can become a highly effective catch basin for identifying and arresting incipient alcoholism *before* the problem is confirmed by a major crisis or personal tragedy. This is the basic philosophy underlying the Employee Assistance Programs (EAP) currently being supported by Addiction Research Foundation operations across Ontario and exemplified in their most fully developed form in the area under the jurisdiction of the ARF's Hamilton centre.

When ARF Hamilton was founded in the late '50s, a few concerned Hamilton employers were referring problem-drinking employees to local chapters of Alcoholics Anonymous. While this assisted in identification of the problem and represented a well-intentioned at-

tempt to do something about it, it was not supplemented by any formal internal company program for problem-drinking employees, nor was any responsibility taken by the employer for ensuring that the specific treatment program actually worked. In the intervening years to the present, ARF staff in Hamilton have developed a systematic program for the employed problem drinker which affects thousands of workers in the highly industrialized Hamilton area.

What are the major components of the Employee Assistance Program? How does the program actually work to help people with drinking problems?

The EAP has 10 phases. ARF staff will first approach an employer and suggest the formation of a joint committee, including representation from union, management, medical, and personnel segments of the firm's operations. Once this committee has been formed, it selects as its chairperson the individual felt to have the most relevance for a program of this type (personnel director, company doctor, and so on).

As a third step, the committee formulates a policy statement and procedural guidelines for the proposed program. The formula is then presented to top management and senior union representatives for changes and endorsement. Once policy and procedure for the program are approved, the committee arranges educational sessions for supervisory staff in both labor and management sectors of the firm. The purpose of these presentations is to make these individuals aware of their responsibilities in executing the program.

In the fifth phase a description of the EAP for that company or employer is mailed to all employees and their families. Once the program is operational, it is the committee's responsibility to ensure that appropriate monitoring, documenting, referring, and reporting functions are working smoothly. As a seventh step, the committee should ensure that the treatment portions of the program are working at optimum efficiency by utilizing all available community treatment resources for those employees who have been identified as having problems with alcohol. In the final three phases of the program, the committee takes steps to ensure that communication is taking place between all personnel involved in the program, it holds an assessment meeting three months after the program has been established, and it meets annually to review and up-date the program.

On the employee side, the program works in the following manner. An employee identified with documented evidence as having a work performance problem is "confronted" by his supervisor or union representative. If the supervisor suspects that alcohol is involved in the poor work performance record, he advises the employee to see the individual within the firm designated as the one responsible for a

formal diagnoses. At the same time, the person or department responsible for making the diagnosis is informed of the interview between the employee and his supervisor. In most programs, repeated refusals by the employee to see the designated individual and continued unsatisfactory work performance places the individual's job in jeopardy.

If, after an interview with the designated responsible company staff member, the employee is diagnosed as having a drinking problem, he or she is offered an appropriate treatment program. The employee is informed that all company and government health and sick leave benefits will apply while the employee is receiving therapy and that the employee's job is secure during the treatment period. If the employee refuses treatment and persists with poor work performance, his or her job is once again placed in jeopardy. Types of treatment vary according to professional diagnoses of doctors and other health care professionals in the company or the community at large.

This approach to the occupational rehabilitation of the problem drinker appeals to both the self-interest of the employer in maintaining a productive workforce and to public health care agencies, faced with delivering wide-ranging care programs at minimum cost.

A key to the development of employee assistance programs in Hamilton was a meeting in 1967 of the president of the Steel Company of Canada (Stelco)—Hamilton's largest employer—and his counterparts at Dominion Foundries and Steel (Dofasco), International Harvester, Westinghouse, and Firestone at the ARF's Hamilton centre offices. Together, these firms employ 40% of Hamilton's industrial workforce. As a result of this meeting of company presidents, top medical and personnel officials in those firms were directed to participate in a three-day ARF seminar on alcohol in the workplace and to report back about what action might be taken. The upshot was a decision by all five firms to develop effective programs to assist employees with alcohol-related work problems.

The following year, union officials from the same firms participated in the first of a series of ARF seminars promoting an understanding of labor's role in making alcoholism programs operate effectively. As a result of this meeting, each union local established an alcoholism committee to work with their management counterparts in developing and improving what EAPs they then had in operation. Although these five key Hamilton firms continued working on their programs over the succeeding five-year period, it was obvious that they were having only limited success.

Two big problems with existing programs, as revealed by an ARF survey of Hamilton area employers in the Fall of 1972, was that only a few employees with drinking problems were being referred for treatment and that many firms were waiting until problem drinking had

developed into alcoholism before recommending treatment. In response to this situation, ARF Hamilton convened a meeting of Stelco and Dofasco, together representing 25,000 employees, to join in what was later to become the "Hamilton Systems Development Group," incorporating the Alcoholic Rehabilitation Program operated by the Hamilton Psychiatric Hospital.

The major achievement of the Hamilton Systems Development Group in relation to employee assistance programs in the area has been the formulation of a three-phase rehabilitative process for those workers who have been identified as having drinking problems. This organization was supplemented in 1974 by the Hamilton Community Co-ordinating Group which provides broadly-based community leadership in the field of occupational alcoholism. Organizations represented on this group include the Hamilton District Health Council, the Hamilton Social Planning and Research Council, the Hamilton Academy of Medicine, the Hamilton and District Labour Council, Hamilton & District Chamber of Commerce, Alcoholics Anonymous, and many other interested groups. One of the first moves of the co-ordinating group was the staging of a day-long forum on occupational alcoholism involving over 100 key people from the area's 30 largest organizations, representing more than 75,000 employees.

There is not much point in putting all of this effort into programs for employed problem drinkers unless they are having some beneficial effect. The answer to the key question of whether they are or not should be shortly forthcoming from a study of the Dofasco EAP, conducted under the auspices of the Epidemiology Field Research Station at McMaster University and funded by the Non-Medical Use of Drugs Directorate.

An important spin-off of ARF's concern for the Hamilton employed problem drinker is the incorporation of a course elective titled "Managing the Problem Employee" in the continuing education program offered by Mohawk College of Applied Arts and Technology. This course, to be offered for the first time in the Fall of '76, represents an ongoing educational opportunity for union and management supervisors involved with company EAPs.

Other indications of wide acceptance of the ARF initiative on behalf of the employed problem drinker are the popularity of the sessions on "Drugs and Alcohol in the Workplace" sponsored twice annually by the Hamilton and District Labour Council, and the number of union executives and personnel directors attending the occupational rehabilitation sessions held under the auspices of Alcohol & Drug Concerns, Inc. at their annual summer course held at McMaster University.

Employee Assistance Programs, as described here in terms of Hamilton's successful experience, are a priority of the Addiction Research Foundation as a whole. As a program thrust, EAPs demand research and evaluation components, a role for the ARF as a program facilitator, rather than as a delivery of care services, and as such are appropriate to the Foundation's recently revised mandate for the province of Ontario which recommends a primary research role secondarily a role in community consultation, and thirdly a treatment role. This priority is reflected in the extent to which the various centre offices of ARF's Regional Programs are involved in consulting with and studying the effects of employee assistance programs in their own local areas.

— *G. K. Bennett, Program Consultant,
Midwestern Ontario Region*

CHAPTER 6

The Task Force System

Action on Priorities

Because the Addiction Research Foundation is regionally involved in priority-oriented programs in many different locations across Ontario, it is essential that co-ordination be provided between regional jurisdictions and between the Regional Programs division and the Foundation as a whole. The four areas in which ARF has defined its mandate are as follows: education, community intervention, research, and treatment. For each of those priority areas there are from one to three task force groups: for education, the Educational Systems task force; for community intervention, the Justice task force, Co-ordination of Detoxication and Rehabilitation Programs, and The Employee Assistance Programs task force; for research, the Regional Research Group for the Regional Programs division; for treatment there exists no standing task force, although various task-oriented groups become involved with the treatment priority from time to time.

Members of each ARF regional task force are in effect members of a sub-committee of the Regional Directors Group who report and make recommendations to that group through their appointed chairperson. A task force appointment may be made from within any division of the Foundation or from outside the organization. The Regional Research Group and Co-ordination of Detoxication and Rehabilitation Programs are constituted somewhat differently than the other task force groups. The Regional Research Group has its own terms of reference, while the co-ordinator of Detoxication and Rehabilitation reports directly to the assistant coordinator of Regional Programs.

The Regional Programs task force groups have an advisory mandate relating to their assigned priority areas. Within those areas, they also play a vital role in assisting the Regional Programs division of the ARF to design programs in a single priority area which are nonetheless relevant to the widely diverse needs of the various client groups across Ontario. When it comes to educational programs, for example, the Native peoples of Kenora have different needs than the Italian

community served by ARF's Metro Toronto region.

Community Intervention

The Justice Task Force (JTF). The JTF addresses itself to questions about the use and abuse of alcohol and other drugs within the criminal justice system. Currently, it is chaired by an ARF staff member from the Foundation's Eastern Ontario region. Through three standing committees, the JTF has isolated three important areas of activity: drinking/driving programs; police training; Ontario Ministry of Correctional Services staff training.

The Drinking/Driving sub-committee of the JTF concerns itself with formulating appropriate responses to impaired driving issues across Ontario. As such, it draws on the experiences of existing Driving While Impaired programs, such as those in North Bay, Oshawa, and Waterloo and on the expertise of ARF staff and professional volunteers — doctors, lawyers, magistrates — who have been involved in those programs.

A good deal of the work within the Drinking/Driving sub-Committee is devoted to discussion of the most effective means of coming to grips with drinking/driving behavior in the province. How, for example, should ARF respond to a manifestation of drinking/driving in a particular area of the province? Should students in the primary grades be singled out for education programs designed to make them responsible drivers when they are mature? Should the focus rather be on the treatment programs which will soon be a part of the new federal amendments to the Criminal Code? Or should top priority be given to developing programs for those individuals who have been convicted of impaired driving a second or third time and who thus have recommended themselves as clients for the ARF's services?

The police sub-committee of the JTF encompasses an educational thrust. The sub-committee is now actively engaged in formulating a program on chemical dependence, with particular stress on alcohol, which will be a part of the program for police officers in training at the Ontario Police College in Aylmer, Ontario, effective January, 1977.

The Ministry of Correctional Services Staff Training sub-committee relates to past training programs on substance abuse which ARF has developed for correctional officers and other staff in provincial correctional institutions. The purpose of such programs is to provide those in direct contact with inmates with a level of expertise that will allow them to provide advice and assistance on dependency problems when the need arises. At the present time, this sub-committee is developing educational training programs on substance abuse for the

Ministry's own staff training personnel.

An important recent development relating to the activities of the JTF was the appointment of the ARF's assistant coordinator of Regional Programs as liaison person to the Provincial Justice Policy Secretariat at Queen's Park. The Secretariat embodies the policy thrusts of various provincial ministries directly or indirectly involved in the criminal justice system: the Ministry of Correctional Services, the Ministry of the Attorney-General, the Solicitor General, and the Ministry of Consumer and Commercial Relations. With the involvement of a senior member of ARF's Regional Programs division, the Secretariat is receiving comprehensive inputs relating to a practical approach to the problem of alcohol abuse in relation to measures which are the proper concern of agencies involved with the criminal justice system.

Employee Assistance Programs Task Force (EAPTF). Chaired by a staff member from ARF's Niagara region, the EAPTF has a responsibility for co-ordinating services within the Employee Assistance Programs area, which represents the Foundation's involvement in programs for the employed problem drinker. This task force operates over a broad spectrum, which includes relating field program experiences to program policies, acting as a forum for technical and professional discussions concerning programs for the employed problem drinker, for trying out new ideas, and for providing the groundwork for research and evaluation studies of existing employee assistance programs.

Specifically, the EAPTF has been recently involved in the creation of a "Consultants' Manual" for use by ARF occupational consultants in their work with employers and union officials. Another high focus area for this task force is work in co-operation with the Ontario Ministry of Colleges and Universities to provide curriculum content relating to alcohol abuse in the workplace for management and labor representatives taking upgrading programs. A conference on "Occupational Alcoholism" at Humber College in the Fall of 1975 provided a major organizational challenge and forum for members of the EAPTF. Members of the task force played an important role in hosting and planning the conference. They were also prominently featured on the conference program. Delegates attended from all parts of Canada, the U.S., Europe, and Australia.

Throughout 1975 the EAPTF held a series of consultations with the Ontario Federation of Labour regarding the possibility of arranging for the development of guidelines for labor involvement in programs for the employed problem drinker. A formal statement is expected to be issued by the OFL in the near future outlining the criteria by which employee assistance programs are to be negotiated

by its member unions. The alternatives are by a joint labor-management declaration or as a part of the collective bargaining process. The OFL represents more than three-quarters of a million unionized employees in Ontario.

Valuable inputs from the ARF's evaluation studies department have recently enabled the EAPTF to launch an assessment of various employee assistance program activities being carried out in the Regional Programs division. This evaluation has four primary goals:

1. To obtain result-oriented data regarding the effectiveness of ARF Regional EAP activities as a measure for future programs.
2. To identify the strong and weak points in the ARF's EAP as a whole.
3. To identify those aspects of the EAP which can be used by organizations elsewhere.
4. To highlight features of these programs not yet identified which employers would find motivating in their consideration introducing assistance programs for their workers.

Co-ordination of Detoxication and Rehabilitation programs. This responsibility, unlike the priorities discussed above, is not handled by a task force but by a co-ordinator of Detoxication and Rehabilitation Programs and an assistant. The reporting function is directly to the assistant director of Regional Programs.

Since the early ARF involvement in detoxication and rehabilitation of the chronic drunkenness offender, which consisted of pilot project models, co-ordination of these programs and their related facilities has become a province-wide responsibility covering 13 detox units funded by the Ontario Ministry of Health, in addition to the many establishments in the province which do not receive provincial funding. The two Regional Programs division staff in this area serve on the Inter-Ministerial Co-ordinating Committee for Alcohol Programs, along with representatives from other ARF divisions and from the various provincial government ministries with involvement in alcohol and other drug abuse programs. The committee co-ordinates funding and other matters relating to the 13 detox centres located in Hamilton, London, Kenora, Windsor, Sudbury, Ottawa, Thunder Bay, Kitchener, St. Catharines, and Toronto. Three of these centres are located in Toronto.

Rehabilitation or halfway homes designed to serve alcohol-dependent individuals in a residence setting are also subject to funding and other deliberations of the Inter-Ministerial Committee. Currently there are 18 such units in Ontario, funded by the Ministry of Community and Social Services. In Toronto, there are three (Alpha House,

Pedabun Lodge, and St. Michael's House). The others are located in Hamilton, London, Kenora, Thunder Bay, Windsor, North Bay, Kitchener, Merrickville, Sudbury, Orillia, St. Catharines, and Ottawa (Fraternity House, Friendship Welcome, McKay Manor, and Serenity House).

Apart from work on the Inter-Ministerial Committee, the co-ordinator of Detoxication and Rehabilitation Programs provides regular training programs in Toronto for new and existing staff of detox and rehab units in all parts of Ontario. As well, regular visits to these facilities by ARF's Regional Programs co-ordination staff provide incentive for improvements in treatment standards, research opportunities, and feedback to ARF on current developments in the field.

In the current atmosphere of fiscal restraint, it is unlikely that funding for additions to the present network of detox and rehabilitation centres across Ontario will increase. However, it is a reasonable hope that the original target of 16 detoxication units for Ontario will eventually be attained. As was true for the establishment of the other provincially funded detox and rehab facilities, the ARF's detox and rehab co-ordinating staff will assist with site location, equipment purchase recommendations, and other practical and professional concerns when the decision is made to complete the planned network of facilities in this area.

Education

Education Systems Task Force (E.S.T.F.). This task force was first assembled in 1975 and has naturally been preoccupied with defining its role. It has thus far isolated the formal education system at the primary, elementary, and secondary levels as a primary target for its developmental activities which are calculated to deliver effective alcohol and drug education programs to the appropriate audiences. The Educational Systems task force is chaired by the regional director of the Metropolitan Toronto region.

In a recent position paper, the E.S.T.F. has identified the following priority areas for its educational efforts:

1. Evaluation of an ARF-produced film on alcohol abuse in a classroom environment (the film is titled "Almost Everyone Does").
2. Moves towards the joint evaluation by ARF and school system officials of the impact of substance abuse educational programs.
3. Evaluation of one-time speaking engagements to service

clubs and other community-interest groups as a vehicle for educational messages.

4. Assessment of a wide range of learning systems as modes of obtaining ARF's educational objectives.
5. The documentation of data and information on educational programs by ARF and other groups which would serve as a research resources.
6. Development of a handbook or kit on alcohol education programs for use by curriculum co-ordinators and other education officials influencing program content in schools.
7. A program of awareness developed for ARF's educational consultants relating to educational planning priorities for a provincial population with widely diverse racial and cultural backgrounds.

Research

The Senior Research Group, Regional Programs Division. Because ARF's Regional Programs division is often implementing innovative programs relating to chemical dependence and related health and social phenomena in widely different regions of the province, it is important to the Foundation's primary research role that such programs be subject to scientifically developed research designs. At the same time, the data and field experience of the Foundation's Regional Programs staff is of great value to the scientists of the ARF's research division who would otherwise be obliged to gather field information from co-operating health care agencies outside the ARF.

Future ARF plans call for the formulation of a Senior Research Group for the Foundation as a whole. In the meantime, the Regional Programs division has established under the chairmanship of the director of the Lake Erie region a Senior Regional Research Group. The group has the task of furthering "the quality, quantity, and relevance of research within the Foundation with special reference to the Regional Programs division." In several ARF regions, the work of the Senior Regional Research Group is supplemented by a local research committee.

The specific responsibilities of the Senior Regional Research Group are as follows:

1. To collaborate with other ARF divisions to determine the nature and direction of research being carried out in those divisions.
2. To facilitate co-operative research projects between the var-

ious regions and between the Foundation and other agencies concerned with chemical dependence.

3. To assess research activities underway in the regions as reported by the regional research committees and to plan future regional research priorities.
4. To provide consultation and information to the staff of the ARF's research division.
5. To develop training and development activities relating to regional research needs.

Membership of the Senior Regional Research Committee consists of three scientists from the ARF's Regional Programs division, one representative from each of the Clinical Institute — the 80-bed hospital associated with the ARF in Toronto — ARF's research division, the co-ordinator of Regional Programs, and others as agendas require.

The local regional research committees which report to the above group have the following objectives:

1. To provide consultation in the planning of research projects affecting Regional Programs in local areas.
2. To review all research proposals.
3. To ensure that effective monitoring of local research programs is an ongoing process.
4. To encourage co-operation on research efforts between the Foundation's various regions.

For an organization as large and as diverse as the Addiction Research Foundation, the task force system of ordering and executing priorities is proving to be a useful control mechanism, particularly where regional programs are concerned. At the same time, the various task force groups are providing a great deal of essential two-way communication to and from the regions and the Foundation's administrative and research headquarters in Toronto.

Appendix A

Staff, Office Locations

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Mr. Brian Skinner
Mrs. Millie Witzle
Mrs. Gail Clare

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Mrs. Pam Skerritt
Mrs. Tania Avruskin
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Mr. Bill Robb
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Appendix B

Regional Publications, Reports, Sub-studies

Beckerle, J. Webster, L. "Muddy Waters Revisited" Substudy No. 650 April 1975

Beckerle, J. Webster, L.C. "Family Versus Individual Therapy: An Outcome Study with Systems Measures," Substudy No. 707, December 1975

Bennett, C. "Typology: Its Relevance to Comparative Studies in Education" In: *Comparative studies in adult education: An Anthology*; Syracuse University, Publications in Continuing Education No. 44, 1975

Bennett, C.; Kidd, J. R.; Kulich, J. *Comparative Studies in Adult Education: An Anthology*; Syracuse University, Publications in Continuing Education No. 44, 1975

Bennett, G.K. "A Systems Approach to Occupational Alcoholism"; paper presented at the "Annual Meeting of the Association of Management—Labor Administrators and Consultants in Alcoholism," November 1975

Bennett, G. K. "A Community Development Approach to Occupational Programs," paper presented at the "Annual meeting of the Alcohol and Drug Programs Association of North America" September 1975

Boudreau, R.; Haitos, I. "Training for Addictions Management in Correctional Setting," Substudy No. 732, 1976

Brook, R.C.; Szandorowska, B.C. "Changing Attitudes towards Raising the price of Alcoholic Beverages: a Preliminary Investigation," Substudy No. 675, July, 1975

Brook, R. "Research Difficulties in Clinical Settings," Substudy No. 676, August 1975

Brook, R. "Today's Flight: Tomorrow's Victory" Substudy No. 677, July 1975

Brook, R.; Szandorowska, B. "414: A Therapeutic Community to Treat Adolescents," Substudy No. 726, 1976 Chamberlain-Barnes, L. M. (ed), "Annual Report 1974 Lake St. Clair Region," 1975

Chamberlain-Barnes, L. M. (ed) "Annual Report 1974 Lake St. Clair Region" 1975

- Danic, J. J.* "The Role of Education," Substudy No. 691, August 1975
- Danic, J. J.; Murray, B.; McAuley, P.* "Educational Program on Living for Secondary Schools: Program I," Substudy No. 692, August 1975
- Docherty, D.; Lauzon, K.; Ruton, N.* "Some A.R.F. Involvement with the Health Delivery Services in the Grey/Bruce Area," Substudy No. 655, 1975
- Docherty, D.* "Some Comments and Recommendations Resulting from A.R.F. Involvement with the Ministry of Corrections in Grey County," Substudy No. 735, 1976
- Dunbar, B.; Bennett, G. K.* "How to Develop an Employee Assistance Program and Make It Work," Paper presented at Input '75, the first Canadian Conference on Occupational Alcohol and Drug Abuse. Ottawa, November 17-20
- Ferrence, R. G.* "Self-destructive Behaviour: a Social-Structural Perspective," MA thesis, University of Western Ontario, London, 1975
- Ferrence, R. G.* "Prevention of Drug Overdosage: Current Strategies and Implications for Policy," Substudy No. 719, February 1976
- Ferrence, R. G.; Johnson, F. G.* "The Representativeness of Police Reports of Self-injury: Who Gets Counted?" Addiction Research Foundation, London, 1975
- Ferrence, R. G.; Whitehead, P. C.* "Fatal Crashes among Michigan Youth Following Reduction of the Legal Drinking Age," *Journal of Studies on Alcohol*, 1975
- Ferruccio, K.* "The Health Care System and the Chronic Alcoholic," Substudy No. 744, March 1976
- Fish, T.; Nurmi, G.; Rooney, C.; Managhan, C.; Managhan, T.* "The Drinking and Driving Patterns of Bar Patrons in Thunder Bay," Substudy No. 663, July 1975
- Frankel, B. G.; Ferrence, R. G.; Johnson, F. G.; Whitehead, P. C.* "Drinking and Self-Injury: toward Untangling the Dynamics," Substudy No. 657, March 1975
- Freedberg, E. J.; Scherer, S. E.* "The Treatment-research Model: the Psychologist as Researching Clinician," *Ontario Psychologist*, 1975
- Freedberg, E. J.; Scherer, S. E.* "Brief Schedules for Assessing Underassertiveness and Overassertiveness," Substudy No. 760 April 1976
- Gaffe, S.* "The History and Critical Incidents of an A.R.F. Intervention in a General Hospital System in Relation to Drug Problems: a Com-

munity Process Report, January 1971 to October 1974," Substudy No. 689, August 1975

Gillies, M.; Aharan, C.; Smart, R. G.; Shain, M. "The Alcoholic Involvement Scale: a Method of Measuring Change in Alcoholics," *Journal of Alcoholism*, 1975

Jarvis, G. K.; Johnson, F. G.; Ferrence, R. G.; Whitehead, P. C. "Sex and Age Patterns in Self-injury," Substudy No. 698, August 1975

Jefferies, M.; Duggan, M.; Carter, J. L. "Report on the Dunbarton High School Pilot Project—October 1974—February 1975," Substudy No. 674, July 1975

Johnson, F. G.; Frankel, B. G.; Ferrence, R. G.; Jarvis, G. K.; Whitehead, P. C. "Self-injury in London, Canada: A Prospective Study," *Canadian Journal of Public Health*, 1975

Kimberley, M. D. "Community Intervention as a Strategy in Addictions Management," Substudy No. 658, 1975

Larkin, E. J. "Ackoff's approach to evaluation" In: Willer, B., Miller, G. H., and Cantrell, L. (eds) *Information and Feedback for Evaluation*, 1975 York University, 1975

Lavallee, B.; Mageau, L.; Pilotte, M. "Sudbury Centre—1974 A Different View of Reality," Substudy No. 665, July, 1975

Lavallee, B.; Mageau, L.; Pilotte, M. "Sudbury Centre 1975: The Chinese Year of the Paradox," Substudy No. 739, February 1976

Laverty, S. G. "The Microcosm of the Mental Hospital" In: Miles, C. G. (ed), *Experimentation in Controlled Environment*, 1975, Addiction Research Foundation

Laverty, S. G. "Alcohol and Brain Damage: Implications for the Treatment of the Individual Patient and for Alcoholism Programs" In: Rankin, J. G. (ed) *Alcohol, drugs and brain damage*, 1975, Addiction Research Foundation

MacLennan, A. (ed); Pinder, L. (comp), *Women: Their Use of Alcohol and Other Legal Drugs*, Addiction Research Foundation, Toronto, 1976

Ogborne, A.; Collier, D. "The Drinking Habits of Residents of a Rehabilitation Program with a Controlled Drinking Option," Substudy No. 720, January 1973

Ogborne, A.; Collier, D. "A Rehabilitation Program with a Controlled Drinking Option, I Program Description and Statistical Profile" Substudy No. 721, March 1976

Olyan, S. D.; Pennock, M. "Report to the Fern Study Group re: Family Counseling Services in Simcoe County," Substudy No. 686, August 1975

Palmer, P. "Community Case Study, *The Human Services Council*, Towards an integrated delivery system for health and social services within an Ontario regional municipality," Substudy No. 671, August 1975

Palmer, P.; Latter, N.; Farkas, M.; Weagle, W.; Morgan, D.; Carter, J. "Working, philosophy, Operations and Long-range Planning of the Tri-region Unit Metro Toronto region 1969-1975," Substudy No. 751, March 1976

Poudrier, L. M.; Mulligan, E.; Gray, R. H. "Driving-While-Impaired: Description of an educational program for second and subsequent offenders as an alternative to incarceration" Substudy No. 647, March 1975

Renaud, V. "Staff Training and the Correctional Officer: an Evaluation of an Alcohol Drug Education Program," Substudy No. 694, August 1975

Riddell, B. "The Use of the Employer in the Management of a Methadone Maintenance Patient," Substudy No. 715, January 1976

Rosenbaum, P.; Laverty, S. G.; Bowman, M.; Ogurzsoff, S. "Interim Report of Treatment Development Team, Kingston, Ontario, Part I: Introduction," Substudy No. 710, January 1976

Rosenbaum, P.; Ogurzsoff, S.; Kusiar, S. "Interim Report of Treatment Development Team, Kingston, Ontario, Part 2: The Referral Network," Substudy No. 711, January 1976

Rosenbaum, P.; Ogurzsoff, S.; Anderson, S. "Interim Report of Treatment Development Team, Kingston, Ontario, Part 3: In-depth Agencies," Substudy No. 712, January 1976

Rosenbaum, P.; Laverty, S. G.; Bowman, M. "Interim Report of Treatment Development Team, Kingston, Ontario, Part 4: Proposal for Future Research," Substudy No. 713, January 1976

Rosenbaum, P. "A One-day Census of Drug Problems in Kingston, Ontario," Substudy No. 748, March 1976

Salutin, L.; Ferruccio, K.; Mann, B.; Murray, P. "Hamilton Psychiatric Hospital Follow-up," Substudy No. 749, March 1976

Sanchez-Craig, B. M. "Cognitive and Behavioural Coping Strategies in

the Reappraisal of Stressful Social Situations," *Journal of Counselling Psychology*, 1976

Sanchez-Craig, B. M. "The Use of a Reappraisal Strategy in Controlled-drinking," Substudy No. 731, 1976

Sanchez-Craig, B. M. "A Self-control Strategy for Drinking Tendencies," *Ontario Psychologist*, 1975

Sanchez-Craig, B. M.; Walker, K. "The Madison Project: A description of programs and proposal for research, 1974," Substudy No. 648, 1975

Sanchez-Craig, B. M. "An Overview of the Spadina Project," paper presented at the seminar and lecture series of the Clinical Institute, Addiction Research Foundation, Toronto, 1975

Sanchez-Craig, B. M.; Walker, K. "I Feel Lonely, but that Doesn't Mean I Have to Drink," *Addictions*, 1975

Saunders, S. J. "Second Annual Report re Reducing Problem Drinking in a Home for the Aged Castleview-Wychwood Towers," Substudy No. 745, March 1976

Scherer, S. E.; Freedberg, E. J. "Effects of Group Videotape Feedback on Development of Assertiveness Skills in Alcoholics: a Follow-up Study," Substudy No. 738, January 1976

Simon, J. (ed), "Update," quarterly publication of the Metro Toronto Region

Singh, V. P. "Community Contact Report Cards: Investigation of the Reliability of its Uses," March 1976

Singh, V. P. "Project Decision: Blueprint for Decision-making," Substudy No. 757, April, 1976

Smart, R. G.; Bennett, C.; Fejer, D. "A Controlled Study of the Peer Group Approach to Drug Education," Substudy No. 681, August 1975

Smart, R. G.; Docherty, D. "A Note on the Introduction of On-premise Consumption: Alcohol-Related Accidents and Impaired driving," Substudy No. 690, August 1975

Smith, D. M. "The Impact of A.R.F.'s Regional Programs 1968 to April 1975," Addiction Research Foundation, 1975

Szandorowska, B. "Evaluation of the "At Three" Program," Substudy No. 695, August 1975

Szandorowska, B.; Whitehead, C.; Brook, R. C. "Quad": Evaluation of an Outpatient Treatment Service for Alcoholics," Substudy No. 734, April 1976.

Weagle, W. "The Development and Implementation of a Community Impaired Drivers' Program," Substudy No. 673, July 1975

Whitehead, P. C. "Effects of Changing Alcohol Control Measures," Substudy No. 649, March 1975

Whitehead, P. C. "Teenage Driver Fatalities Following Reduction in the Legal Drinking Age," Substudy No. 708, December 1975

Whitehead, P. C.; Craig, J.; Langford, N.; MacArthur, C.; Stanton, B. "The Impact of the Change in the Drinking Age on the Collision Behaviour of Young Drivers" In: Israelstam, S. and Lambert, S. (eds), *Alcohol, Drugs and Traffic Safety*, Addiction Research Foundation, 1975

Whitehead, P. C. "The Prevention of Alcoholism: Divergences and Convergences of Two Approaches," *Addictive Diseases: an International Journal*, 1975

Whitehead, P. C. "D.W.I. Programs: Doing What's in or Dodging What's Indicated?" *Journal of Safety Research*, 1975

Whitehead, P. C.; Rogerson, R.; McDougall, N. "Les Annonces télévisées en faveur du tabac, des boissons alcooliques et des médicaments." 1975 *Toxicomanies*

Whitehead, P. C. "The Time to Combine: Epidemiological Similarities of the Use and Abuse of Alcohol and Other Drugs," *American Journal of Drug & Alcohol Abuse*, 1975

Whitehead, P. C.; Ferrence, R. G. "The Structure of Evaluation Research: Some Special Aspects of Studies on Alcohol" In: Willer, Barry, Miller, Gary H., and Cantrell, Lucie (eds), *Information and feedback for evaluation*, York University, Toronto, 1975

Whitehead, P. C.; Craig, J.; Langford, N.; MacArthur, C.; Stanton, B.; Ferrence, R. G. "Collision Behaviour of Young Drivers: Impact of the Change in the Age of Majority," *Journal of Studies on Alcohol*, 1975

Whitehead, P. C. "Collision Behaviour of Young Drivers: a Response to Zylman," *Journal of Studies on Alcohol*, 1976

Whitehead, P. C. "Effects of Liberalizing Alcohol Control Measures," *Addictive Behaviours*, 1976

Whitehead, P. C.; Ferrence, R. G. "Women and Children Last: Implication of General Trends in the Consumption of Alcoholic Beverages on Alcohol-related Problems among Women and Young people," Substudy No. 733, April, 1976

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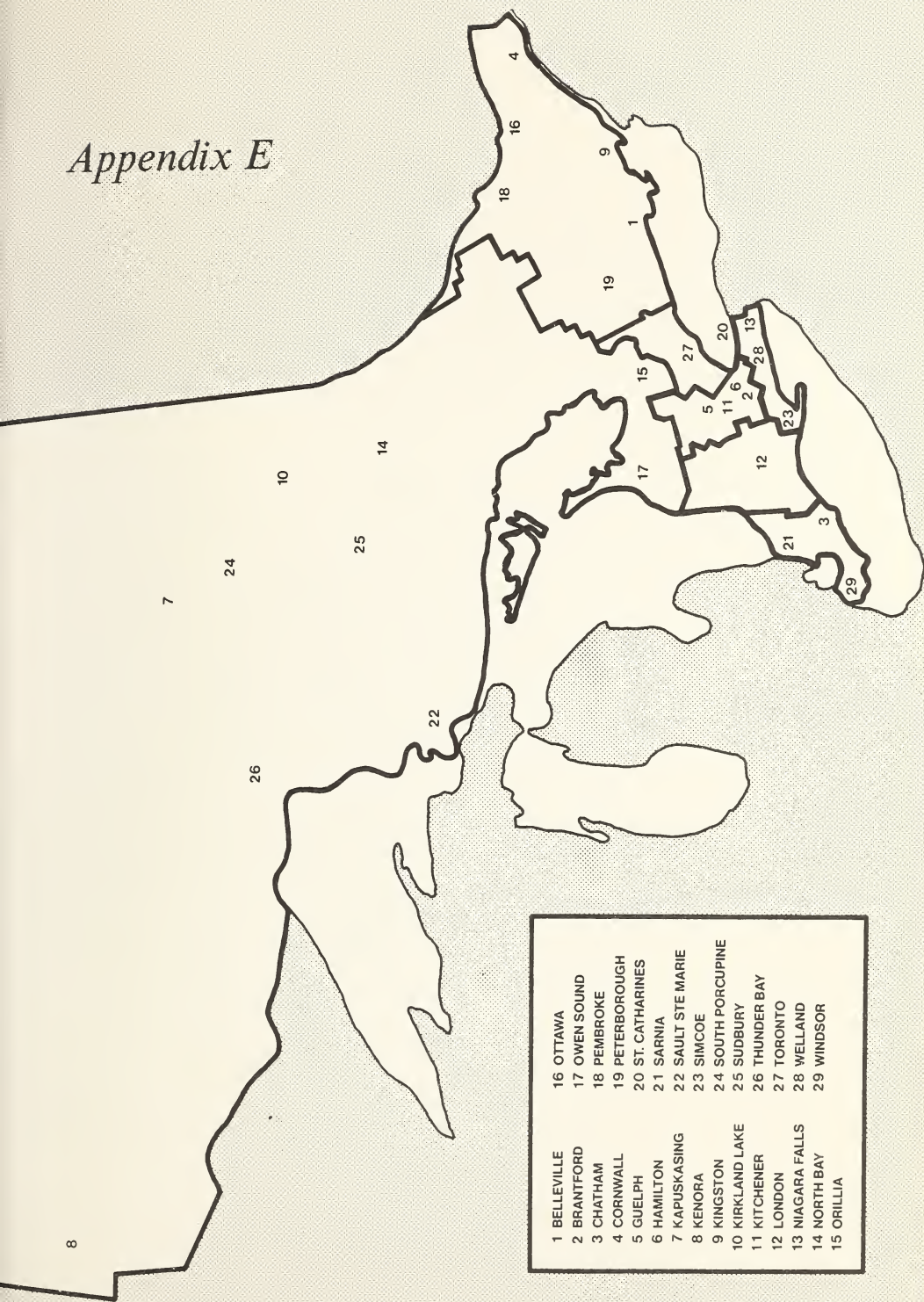
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All Task Force members are employees of the ARF.

Appendix E



Addiction Research Foundation
Catalyst in the community

ESIO



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Addiction Research Foundation
of Ontario.

Catalyst in the community

Date Due

JAN 24 1984

FEB 20 1985

FEB 4 '88

JUL 14 1992

